



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 103653		2. Name of Corporation Mattress Giant Corporation			
3. Street Address Principal Business Office 14665 Midway Road, Suite 100			City Addison	State TX	Zip 75001
4. Business Phone No. 972-392-2202		5. State of Incorporation TEXAS			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF MATTRESSES, BOX SPRINGS, BED FRAMES, BED HEADBOARDS, BRASS BED PIECES AND RELATED BEDDING AND BEDROOM FURNITURE AND ITEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Barrie Brown			Vice President Name		
Street Address 14665 Midway Rd, Suite 100			Street Address		
City Addison	State TX	Zip 75001	City	State	Zip
Secretary Name Robert Pulciani			Treasurer Name		
Street Address same			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Barrie Brown			Director Name		
Street Address 14665 Midway Rd, Suite 100			Street Address		
City Addison	State TX	Zip 75001	City	State	Zip
Director Name Robert Pulciani			Director Name		
Street Address same			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			none		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**  
Check No. **SEP 21 2009**  
By: **By 944919**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Rose Turner Payne*  
Signature  
Date **9-10-09**  
**Rose Turner Payne**  
Print or Type Name  
**Controller**  
Title