



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |   |                    |                     |     |
|--|--------------------|---|--------------------|---------------------|-----|
| 1. Entity ID No.<br><b>155731</b>  |                    | 2. Exact name of the limited liability company<br><b>Mattress Express, LLC</b>  |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>WHOLESALE AND RETAIL SALES OF MATTRESSES AND ASSOCIATED BEDDING</b> |                    |                     |     |
| 5. Principal office address<br><b>1667 Mineral Spring Avenue</b>   |                    | City<br><b>North Providence</b>   | State<br><b>RI</b> | Zip<br><b>02904</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                    |                     |     |
| Contact Name<br><b>William Ciotti</b>  |                    | Contact Title<br><b>Operating Manager</b>   |                    |                     |     |
| Street Address<br><b>1667 Mineral Spring Avenue</b>  |                    | City<br><b>North Providence</b>   | State<br><b>RI</b> | Zip<br><b>02904</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |                    |                     |     |
| Manager Name<br><b>William Ciotti</b>  |                    | Manager Name  |                    |                     |     |
| Street Address<br><b>1667 Mineral Spring Avenue</b>  |                    | Street Address  |                    |                     |     |
| City<br><b>North Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>   | City               | State               | Zip |
| Manager Name   |                    | Manager Name  |                    |                     |     |
| Street Address   |                    | Street Address  |                    |                     |     |
| City   | State              | Zip   | City               | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND  |                    |   |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |                    |   |                    |                     |     |

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

OCT 01 2013

BY 11992

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.

W. Ciotti  
Signature of Authorized Person

09/26/2013

Date

**WILLIAM CIOTTI**

Print or Type Name of Authorized Person