

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.

3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island WHOLESALE AND RETAIL SALES OF MATTRESSES AND ASSOCIATED E 5. Principal office address 1667 Mineral Spring Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name William Ciotti City North Providence RI City North Providence RI City North Providence RI City North Providence RI Annager Name William Ciotti Street Address 1667 Mineral Spring Avenue City North Providence Street Address 1667 Mineral Spring Avenue Street Address 1667 Mineral Spring Avenue Street Address 1667 Mineral Spring Avenue City North Providence State RI Zip O2904 City State Zip O2904	1. Entity ID No.		2. Exact name of the limited liability company						
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1667 Mineral Spring Avenue City State RI Zip O2904 City State Zip Zip O2904	Manager Name William Ciotti			Manager Name					
North Providence RI 02904	Street Address 1667 Mineral Spring Avenue			Street Address					
Manager Name Manager Name	ity North Providence		Zip 02904	City	State	Zip			
	Manager Name			Manager Name					
Street Address Street Address	Street Address			Street Address					
City State Zip City State Zip	ity	State	Zip	City	State	Zip			
B. RESIDENT AGENT IN RHODE ISLAND									
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	his information is currenti	y of record in the	Office of the Secret	ary of State. Changes require filing	Form 642.				

File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
riie Date	007 0 1 2012	and that all statements contained herein are		
Check No	OCF 0 1 2013	11At latte	09/26/2013	
By: DV	11992	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		WILLIAM CIOTTI		
. ON OPPORTUNITION OF STATE OSE ONE!		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012