



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 154971		2. Exact name of the Corporation Pleasure Pillows, Inc.			
3. Principal office address 11 Cranberry Drive			City Hope	State RI	Zip 02831
4. Business Phone No. 401-821-9938			5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island Manufacturing of bedding and related products					
President Name Kenneth Buben			Vice-President Name Kenneth Buben		
Street Address 11 Cranberry Drive			Street Address 11 Cranberry Drive		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED			9. 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		

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.

FILED

MAY 01 2015

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.

[Signature] 4/27/15
 Signature of Authorized Representative Date

Kenneth Buben
 Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By: *[Signature]*
 FOR SECRETARY OF STATE USE BY

[Signature] 14691