	State of Rhode Office of the Secret		Fee: \$50.00
HOPE	Division Of Busines 148 W. River Providence RI 029 (401) 222-30	Street 904-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability con thirty (30) days after the time pres enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001694332</u>			
2. Exact Name of the Lim	ited Liability Company <u>SSB Ho</u>	ospitality, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
<u> </u>	ode that best describes the primary information on <u>NAICS</u> can be found		e entity. Download
4. Brief Description of the	Character of the Business Whic	h is Actually Conducted	in Rhode Island
SALES OF BEDDING P	RODUCTS		
5. Principal Office Addres	S		
No. and Street: <u>2451 II</u> City or Town: <u>DORA</u>	<u>NDUSTRY AVENUE</u> <u>VILLE</u> St	ate: <u>GA</u> Zip: <u>30360</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Nam	e or Title of Contact Per	son:
Contact Name: Contact T No. and Street: <u>2451 IN</u> City or Town: DORA	IDUSTRY AVENUE	ite: <u>GA</u> Zip: <u>30360</u>	Country: USA
	Each Manager of the Limited Lia		
Title	Individual Name First, Middle, Last, Suffix	Address, City or Town, Stat	

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of October, 2020 at 11:46:27 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RONALD RICHMOND</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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