State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation
000911592	**Mattress Recycling Council, Inc.**
3. State of Incorporation: DE	5. Bnef description of the character of business conducted in Rhode Island: TO ESTABLISH AN ENVIRONMENTALLY SOUND AND COST-EFFECTIVE PROGRAM FOR RECYCLING OF SLEEP PRODUCTS AND RELATED ACTIVITIES
4. NAICS Code: 813312 - Environment, Conserv	

6. Principal Office Address	City	State	Zip
501 WYTHE STREET	ALEXANDRIA	VA	22314

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: RYAN TRAINER			Vice-President Name:		
Street Address: 501 WYTHE STREET			Street Address:		
City: ALEXANDRIA	State: VA	Zip: 22314	City:	State:	Zip:
Secretary Name: CATHERINE A LYONS			Treasurer Name: CATHERINE A LYONS		
Street Address: 501 WYTHE STREET			Street Address: 501 WYTHE STREET		
City: ALEXANDRIA	State: VA	Zip: 22314	City: ALEXANDRIA	State: VA	Zip: 22314

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: RICHARD DIAMONSTEIN			Director Name: DOUG GUFFEY		
Street Address: 501 WYTHE STREET			Street Address: 501 WYTHE STREET		
City: ALEXANDRIA	State: VA	Zip: 22314	City: ALEXANDRIA	State: VA	Zip: 22314
Director Name: MICHAEL DOGGETT			Director Name:		
Street Address: 501 WYTHE STREET			Street Address:		
City: ALEXANDRIA	State: VA	Zip: 22314	City:	State:	Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Catherine Lyons	6-3-21

Signature of Officer/Authorized Representative: Cly

ENDORSEMENT HERE

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AUG 19 2021
BY AZ282
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017