



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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2020
 Limited Liability Company

2021 AUG 20 P 2: 23

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001674969		2. Exact name of the Limited Liability Company Mattress Recycling Council Rhode Island, LLC,			
3. NAICS Code 813312 - Environment, Cons		4. Brief 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			
5. State of Formation DE					
6. Principal Office Address 501 WYTHE ST		City Alexandria	State VA	Zip 22314	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Bettsie Boyd			Contact Title Director of Finance		
Street Address 501 WYTHE ST		City Alexandria	State VA	Zip 22314	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <input type="text"/>		Manager Name <input type="text"/>			
Street Address <input type="text"/>		Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Manager Name <input type="text"/>		Manager Name <input type="text"/>			
Street Address <input type="text"/>		Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Catherine Lyons			Date 6-3-21		
Signature of Authorized Person 					

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

FILED

AUG 20 2021

BY CA PS45H
 2125