RI SOS Filing Number: 202102281440 Date: 9/27/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
SEP 27 2021
BY BBB

Annual Report for the year: 2021
Limited Liability Company

→ 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	2. Exact name of the Limited Liability Company
155731	**Mattress Express, LLC**
3. NAICS Code 423990	4. Brief description of the character of business conducted in Rhode Island WHOLESALE AND RETAIL SALES OF MATTRESSES AND ASSOCIATED BEDDING
5. State of Formation Rhode Island	

6. Principal Office Address	City	State	Zip
1667 Mineral Spring Avenue	North Providence	RI	02904

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
William Ciotti	Operating Manager		
Street Address	**City**	**State**	**Zip**
1667 Mineral Spring Avenue	North Providence	RI	02904

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
William Ciotti					
Street Address			**Street Address**		
1667 Mineral Spring Avenue					
City	**State**	**Zip**	**City**	**State**	**Zip**
North Providence	RI	02904			
Manager Name			**Manager Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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.

Name of Authorized Person	Date
WILLIAM CIOTTI	9/21/2021

Signature of Authorized Person

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