RI SOS Filing Number: 202329287140 Date: 2/23/2023 4:00:00 PM

/ 4	-7
T J	

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 RETAIN SALES OF MATTRESSES AND ASSOCIATED BEDDING				
5. State of Formation Rhode Island					
6. Principal Office Address	•	City	State	Zip	
1667 Mineral Spring Avenu	e	North Providence	RI	02904	
7. Mailing Address of Limite	ed Liability Company and Nam	e or Title of Contact Person			
Contact Name William Ciott	i Contact Title Operating		g Manager		
Street Address 1667 Mineral Spring Avenue		City North Providence	State RI	^{Zip} 02904	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accura	ite. Changes requi	re filing Form 642.	
	I declare and affirm that I ha tatements contained herein	ve examined this report, including are true and correct.	any accompanyir	ng schedules and	
Name of Authorized Person		Date	Date		
WILLIAM CIOTII		2/14/2023			
Signature of Authorized Pe	Why.				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov