RI SOS Filing Number: 202447628920 Date: 2/26/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FEB 26 2024
9933 OR

Annual Report for the year: 2024
Corporation

→ 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 Corporation			
95767	RED STAR MATTRESS + UPHOLSTERY CO, INC			
3. Principal Office Address		City	State	Zip
4012 MENDON RD.		CUMBERLAND	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
328330	TO SELL MATTRESSES, CARPETING DO UPHOLSTERING			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
MARIA VRAČIĆ					
Street Address			Street Address		
32 GRAND AVE					
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864			
Secretary Name			Treasurer Name		
			MARIA VRAČIĆ		
Street Address			Street Address		
			32 GRAND AVE		
City	State	Zip	City	State	Zip
			CUMBERLAND	RI	02864

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

Director Name			Director Name		
			SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
			SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE		

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
MARIA VRAČIĆ	2/22/24

Signature of Authorized Representative: Maria Vračić

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 630- Revised: 12/2023