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REC'D RSDS ASD
24 AUG 26 PM 2:53:05State of Rhode Island
Department of State - Business Services Division

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 000140047		2. Exact name of the Corporation SSB Manufacturing Company			
3. Principal Office Address 2451 Industry Avenue			City Doraville	State GA	Zip 30360
4. NAICS Code 337910		6. Brief description of the character of business conducted in Rhode Island Manufacturer of bedding products			
5. State of Incorporation DE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert Burch			Vice-President Name		
Street Address 2451 Industry Avenue			Street Address		
City Doraville	State GA	Zip 30360	City	State	Zip
Secretary Name Kristen McGuffey			Treasurer Name Lisa Wyn		
Street Address 2451 Industry Avenue			Street Address 2451 Industry Avenue		
City Doraville	State GA	Zip 30360	City Doraville	State GA	Zip 30360
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Robert Burch			Director Name Lisa Wyn		
Street Address 2451 Industry Avenue			Street Address 2451 Industry Avenue		
City Doraville	State GA	Zip 30360	City Doraville	State GA	Zip 30360
Director Name Kristen McGuffey			Director Name		
Street Address 2451 Industry Avenue			Street Address		
City Doraville	State GA	Zip 30360	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 3000	CLASS/SERIES Common	PAR VALUE 0.0100	
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 Kristen McGuffey					Date May 6, 2024
Signature of Authorized Representative 					

FILED

MAIL TO:

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

AUG 26 2024

BY

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FORM 630- Revised 04/2023