

DocuSign Envelope ID: 03DF483D-A391-47AC-ABE0-48351C5C1CDF

REC'D RIDGERS BSD
24 AUG 26 PM 2:55:55



**State of Rhode Island
Department of State - Business Services Division**

**Annual Report for the year: 2022
Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIFS	PAR VALUE
		3000	Common	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 <i>Kristen McGuffey</i>					FILED

MAIL TO: 85F738471F234D4
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 *[Signature]*

FORM 630 Revised 04/2023