



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

FEB 06 2025
BY 10148 AA

- 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 95767		2. Exact name of the Corporation RED STAR MATTRESS + UPHOLSTERY CO, INC			
3. Principal Office Address 4012 MENDON RD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 328330		6. Brief description of the character of business conducted in Rhode Island TO SELL MATTRESSES, CARPETING DO UPHOLSTERY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIA VRACIC			Vice-President Name		
Street Address 32 GRAND AVE			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name MARIA VRACIC		
Street Address			Street Address 32 GRAND AVE		
City	State	Zip	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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 NONE	CLASS/SERIES	PAR VALUE
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. <i>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.</i>					
Name of Authorized Representative MARIA VRACIC				Date 2/3/25	
Signature of Authorized Representative <i>Maria Vracic</i>					