



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

FEB 06 2025
BY 10148 AA

1. Entity ID Number <u>95767</u>		2. Exact name of the Corporation <u>RED STAR MATTRESS + UPHOLSTERY CO, INC</u>	
3. Principal Office Address <u>4012 MENDON RD</u>		City <u>CUMBERLAND</u>	State <u>RI</u>
Zip <u>02864</u>		6. Brief description of the character of business conducted in Rhode Island <u>TO SELL MATTRESSES, CARPETING DO UPHOLSTERY</u>	
4. NAICS Code <u>328330</u>		5. State of Incorporation <u>RI</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>MARIA VRACIC</u>		Vice-President Name	
Street Address <u>32 GRAND AVE</u>		Street Address	
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	
Secretary Name		Treasurer Name <u>MARIA VRACIC</u>	
Street Address		Street Address <u>32 GRAND AVE</u>	
City	State	Zip	
<u>CUMBERLAND</u>	<u>RI</u>	<u>02864</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name <u>SAME AS ABOVE</u>	
Street Address		Street Address	
City	State	Zip	
<u>CUMBERLAND</u>	<u>RI</u>	<u>02864</u>	
Director Name		Director Name <u>SAME AS ABOVE</u>	
Street Address		Street Address	
City	State	Zip	
<u>CUMBERLAND</u>	<u>RI</u>	<u>02864</u>	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>NONE</u>	
Changes require an additional filing.		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. 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 <u>MARIA VRACIC</u>		Date <u>1/3/25</u>	
Signature of Authorized Representative <u>Maria Vracic</u>			