



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>156205</b>		2. Exact name of the Corporation <b>SUPERIOR COMFORT, INC.</b>			
3. Principal office address <b>257 FRANKLIN STREET</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>401-864-2553</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>INSTALLATION OF HEATING AND COOLING SYSTEMS</b>					
President Name <b>JACOB LEDSWORTH</b>			Vice-President Name		
Street Address <b>15 WENDY ROAD</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name <b>JACOB LEDSWORTH</b>			Treasurer Name <b>JACOB LEDSWORTH</b>		
Street Address <b>15 WENDY ROAD</b>			Street Address <b>15 WENDY ROAD</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	\$1,000

*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.

*Jacob Ledsworth* 2/3/13  
 Signature of Authorized Representative Date

**JACOB LEDSWORTH**  
 Print or Type Name of Authorized Representative

**FILED**

FEB 18 2014

BY *WCH 4351*