



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 **2017**

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>99662</b>		2. Exact name of the Corporation <b>ADVANCED COMFORT SYSTEMS, INC.</b>				
3. Principal office address <b>706C St. Paul Street</b>		City <b>NORTH SMITHFIELD</b>		State <b>RI</b>	Zip <b>02896</b>	
4. Business Phone No. <b>401-356-0230</b>		5. State of Incorporation <b>Rhode Island</b>				
6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF GENERAL COMMERCIAL AND RESIDENTIAL BUILDING AND CONTRACTING.</b>						
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>						
President Name <b>JOHN J. PERRY, JR.</b>			Vice-President Name			
Street Address <b>706C St. Paul St.</b>			Street Address			
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip	
Secretary Name <b>MARY JEAN PERRY</b>			Treasurer Name <b>JOHN J. PERRY, JR.</b>			
Street Address <b>706C St. Paul St.</b>			Street Address <b>706C St. Paul St.</b>			
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>						
Director Name <b>JOHN J. PERRY, JR.</b>			Director Name <b>MARY JEAN PERRY</b>			
Street Address <b>706C St. Paul St.</b>			Street Address <b>706C St. Paul St.</b>			
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>9. SHARES AUTHORIZED</b>						<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>
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
				100	Common	NPV

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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

**MARY JEAN PERRY**

Print or Type Name of Authorized Representative