



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

FEB 01 2018

BY

1. Entity ID Number <b>156205</b>		2. Exact name of the Corporation <b>SUPERIOR COMFORT, INC.</b>			
3. Principal Office Address <b>11 BROADCOMMON ROAD, UNIT A</b>		City <b>BRISTOL</b>		State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>238220</b>		6. Brief description of the character of business conducted in Rhode Island <b>INSTALLATION OF HEATING AND COOLING SYSTEMS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JACOB LEDSWORTH</b>			Vice-President Name		
Street Address <b>15 WENDY DRIVE</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 DRIVE</b>			Street Address <b>15 WENDY DRIVE</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>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>\$1,000</b>
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. <b>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.</b>					
Name of Authorized Representative <b>JACOB LEDSWORTH</b>				Date <b>1/17/18</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 630 - Revised: 10/2016