



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
 Corporation

FILED STAMP

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

FEB 07 2020
 BY AGS/OS

1. Entity ID Number 001091715		2. Exact name of the Corporation COMFORT SOURCE, INC.			
3. Principal Office Address P. O. BOX 297			City MARLBOROUGH	State MA	Zip 01752
4. NAICS Code 532289		6. Brief description of the character of business conducted in Rhode Island LEASING MASSAGE CHAIRS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN R. ELKINSON			Vice-President Name		
Street Address P.O. BOX 297			Street Address		
City MARLBOROUGH	State MA	Zip 01752	City	State	Zip
Secretary Name STEVEN R. ELKINSON			Treasurer Name STEVEN R. ELKINSON		
Street Address P.O. BOX 297			Street Address P.O. BOX 297		
City MARLBOROUGH	State MA	Zip 01752	City MARLBOROUGH	State MA	Zip 01752
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN R. ELKINSON			Director Name		
Street Address P.O. BOX 297			Street Address		
City MARLBOROUGH	State MA	Zip 01752	City	State	Zip
Director Name			Director Name		
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		
			CLASS/SERIES		
			100	COMMON	NO PAR
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 STEVEN R. ELKINSON				Date 2-5-20	
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