

FILED

FEB 25 2021



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

BY Sullivan
2021
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

Mary Jean Perry 01/11/2021
 Signature of Authorized Representative Date
MARY-JEAN PERRY
 Print or Type Name of Authorized Representative