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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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OUT 8 2021 FOR FOR PRINTERS
BY \$ 1022

1. Entity ID Number 001661402		2. Exact name of the Limited Liability Company COMFORTS HOLDINGS, LLC				
3. NAICS Code 5313110		Brief description of the character of business conducted in Rhode Island				
	Real Esta	Real Estate				
5. State of Formation						
Neveda						
6. Principal Office Address			City	State	Zıp	
4730 S. Fort Apache Road, Suuite 300			Las Vegas	NV	89147	
7. Mailing Address of Limite	d Liability Compa	iny and Name o		•	•	
Contact Name Lisa Conigliaro			Contact Title Manger			
Street Address P. O. Box 41057			City Providence	State RI	^{Zip} 02904	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	l			Check the box to	I	
9. The Resident Agent infor	mation currently	of record with th	e RI Department of State is accu			
Under penalty of perjury, statements, and that all st	l declare and aff latements conta	irm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Lisa Conigliaro				10/15/21		
Signature of Authorized Per	Son Jak					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov