State of Rhode Island
Department of State - Business Services Division

FILED
OCT 18 2021 STAMP
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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001659271	**COMFORTS, LLC**		
3. NAICS Code 531311	4. Brief description of the character of business conducted in Rhode Island Real Estate.		
5. State of Formation Rhode Island			
6. Principal Office Address P. O. Box 41057	City Providence	State RI	Zip 02940
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Lisa Conigliaro	Contact Title Member		
Street Address P. O Box 41057	City Providence	State RI	Zip 02904
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Check the box to indicate an attachment ☐			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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 Person Lisa Conigliaro	Date 10/15/21		
Signature of Authorized Person			

MAIL TO:
Division of Business Services
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