



State of Rhode Island
Department of State - Business Services Division

FILED

OCT 18 2021

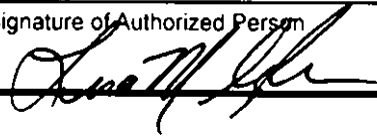
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Annual Report for the year: **2021**

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.

1021
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001659271		2. Exact name of the Limited Liability Company 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.					
<i>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.</i>					
Name of Authorized Person Lisa Conigliaro				Date 10/15/21	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov