



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
 FEB 21 2023
 BY *[Signature]*

1. Entity ID Number 156205		2. Exact name of the Corporation SUPERIOR COMFORT, INC.			
3. Principal Office Address 11 BROADCOMMON ROAD, UNIT A			City BRISTOL	State RI	Zip 02809
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island INSTALLATION OF HEATING AND COOLING SYSTEMS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JACOB LEDSWORTH			Vice-President Name		
Street Address 15 WENDY DRIVE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name JACOB LEDSWORTH			Treasurer Name JACOB LEDSWORTH		
Street Address 15 WENDY DRIVE			Street Address 15 WENDY DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	PAR VALUE
			1000	COMMON	\$1,000
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 JACOB LEDSWORTH				Date ✓ 2/17/23	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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 Website: www.sos.ri.gov