



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



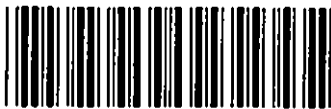
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119981		2. Name of Corporation COMFORT SYSTEMS AND SOLUTIONS INCORPORATED			
3. Street Address Principal Business Office 64 KING ARTHUR CT.		City RICHMOND	State RI	Zip 02892-1090	
4. Business Phone No. 946-0248		5. State of Incorporation RHODE ISLAND		6. SIC Code 0232	
7. Brief Description of the Character of Business Conducted in Rhode Island HEATING AND AIR CONDITIONING CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GARY W. SPRAGUE			Vice President Name N/A NONE		
Street Address 64 KING ARTHUR CT.			Street Address		
City W. KINGSTON	State RI	Zip 02892	City	State	Zip
Secretary Name N/A NONE			Treasurer Name N/A NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A NONE			Director Name N/A NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 \$10.00 PAR VALUE			0 NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 9 8 1 *

File Date: 7-10-02

Check No.: 1056

By: [Signature]

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.

Signature of Officer

Date

GARY W. SPRAGUE

Print or Type Name of Officer

PRESIDENT

Title of Officer