

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005035

**Entity Name:** A & A WINDOW PRODUCTS, INC.

**Current Principal Place of Business:**

15 JOSEPH STREET  
MALDEN, MA 02148

**Current Mailing Address:**

15 JOSEPH STREET  
MALDEN, MA 02148

**FEI Number:** 04-2538772

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SULLIVAN, MICHAEL  
4160 N HIGHWAY A1A  
UNIT 406  
FORT PIERCE , FL 34949 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SULLIVAN, LEE C  
Address        24 CORY LANE  
City-State-Zip: READING MA 01867

Title            DIRECTOR  
Name            SULLIVAN, CAROLINE M.  
Address        24 CORY LANE  
City-State-Zip: READING MA 01867

Title            OFFICER/DIRECTOR  
Name            SULLIVAN, CHRISTINE  
Address        24 CORY LANE  
City-State-Zip: READING MA 01867

Title            DIRECTOR  
Name            SULLIVAN, CYNTHIA L  
Address        24 CORY LANE  
City-State-Zip: READING MA 01867

Title            TREASURER  
Name            SULLIVAN, CHRISTINE G  
Address        24 CORY LANE  
City-State-Zip: READING MA 01867

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTINE G SULLIVAN

**TREASURER**

**06/07/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date