

**2020 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           DPS  
Name           SULLIVAN, LEE C  
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           TREASURER  
Name           SULLIVAN, CHRISTINE G  
Address        24 CORY LANE  
City-State-Zip: READING MA 01867

Title           DIRECTOR  
Name           SULLIVAN, MARCIA J  
Address        4160 N HIGHWAY A1A  
                  HUTCHINSON ISLAND UNIT 406A  
City-State-Zip: FORT PIERCE FL 34949

Title           DIRECTOR  
Name           SULLIVAN, MICHAEL P  
Address        4160 N HIGHWAY A1A  
                  HUTCHINSON ISLAND UNIT 406A  
City-State-Zip: FORT PIERCE FL 34949

*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**

**01/15/2020**

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

\_\_\_\_\_  
Date