

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002542

**Entity Name:** CANDLEWICK PRESS, INC.

**Current Principal Place of Business:**

99 DOVER ST  
SOMERVILLE, MA 02144

**Current Mailing Address:**

99 DOVER ST  
SOMERVILLE, MA 02144

**FEI Number: 04-3113974**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            DIRECTOR  
Name            STRING, JOHN  
Address        99 DOVER ST  
City-State-Zip: SOMERVILLE MA 02144

Title            DIRECTOR  
Name            KENT, STEPHEN J.  
Address        99 DOVER ST  
City-State-Zip: SOMERVILLE MA 02144

Title            DIRECTOR  
Name            STRACK, OLIVER  
Address        99 DOVER ST  
City-State-Zip: SOMERVILLE MA 02144

Title            DIRECTOR, SECRETARY  
Name            MCGRATH, MICHAEL  
Address        99 DOVER ST  
City-State-Zip: SOMERVILLE MA 02144

Title            DIRECTOR, PRESIDENT  
Name            LOTZ, KAREN  
Address        99 DOVER ST  
City-State-Zip: SOMERVILLE MA 02144

Title            TREASURER  
Name            BERKMAN, HILARY  
Address        99 DOVER ST  
City-State-Zip: SOMERVILLE MA 02144

*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: MICHAEL MCGRATH**

**SECRETARY**

**02/01/2024**

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

\_\_\_\_\_  
Date