

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90172 022 \*\*\*150.00

**DOCUMENT # F95000003472**

1. Entity Name

SULLIVAN BROS. PRINTERS, INC.



Principal Place of Business

117 MARGINAL ST  
LOWELL MA 01851

Mailing Address

117 MARGINAL ST  
LOWELL MA 01851



2. Principal Place of Business

11 Alpha Road

Suite, Apt. #, etc.

3. Mailing Address

11 Alpha Road

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Chelmsford, MA

City & State

Chelmsford, MA

4. FEI Number

04-2629081

Applied For

Not Applicable

Zip

01824

Country

Zip

01824

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME SULLIVAN, JOSEPH E  
STREET ADDRESS 234 NESMITH ST  
CITY-ST-ZIP LOWELL MA

TITLE D ☒ Delete  
NAME JOSEPH E. SULLIVAN III  
STREET ADDRESS RFD #1 BOX 132  
CITY-ST-ZIP SWANZEY NH

TITLE ☐ Delete  
NAME PTSD  
NAME SULLIVAN, ELLEN F  
STREET ADDRESS 117 MARGINAL STREET  
CITY-ST-ZIP LOWELL MA

TITLE D ☒ Delete  
NAME MARY ANNA SULLIVAN  
STREET ADDRESS 1 SIMON ATHERTON RD  
CITY-ST-ZIP HARVARD MA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME Thomas J. Bellomo  
STREET ADDRESS 11 Alpha Road  
CITY-ST-ZIP Chelmsford, MA 01824

TITLE Treasurer/Director ☒ Change ☐ Addition  
NAME Ellen F. Sullivan  
STREET ADDRESS 11 Alpha Road  
CITY-ST-ZIP Chelmsford, MA 01824

TITLE Director ☐ Change ☒ Addition  
NAME Marc J. Gordon  
STREET ADDRESS 11 Alpha Road, Chelmsford, MA 01824  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME James W. McClutchy  
STREET ADDRESS 11 Alpha Road  
CITY-ST-ZIP Chelmsford, MA 01824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas J. Bellomo* Thomas J. Bellomo Pres 4-12-06 978-256-9937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #