

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

DocuSign Envelope ID: 59DCDB2B-5AA4-47AC-8477-3BE04D5E5A63

State of Rhode Island and Providence Plantations



Department of State - Business Services Division

2022 APR 21 A 11: 28

Annual Report for the year: **2014**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000157071		2. Exact name of the Corporation A & A Window Products, Inc	
3. Principal Office Address 15 Joseph Street		City Malden	State MA
		Zip 02148	
4. NAICS Code 238150	6. Brief description of the character of business conducted in Rhode Island Replacement Windows, Storefront, Curtain wall, Glass, Service Work and Leak Investigations In different buildings throughout Rhode Island		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lee Sullivan		Vice-President Name Matthew Johnson	
Street Address 24 Cory Lane		Street Address 41 Stanley Road	
City Reading	State MA	City Belmont	State MA
Zip 01867		Zip 02478	
Secretary Name Christine Sullivan		Treasurer Name Christine Sullivan	
Street Address 24 Cory Lane		Street Address 24 Cory Lane	
City Reading	State MA	City Reading	State MA
Zip 01867		Zip 01867	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Christine Sullivan		Director Name Carolino Sullivan	
Street Address 24 Cory Lane		Street Address 24 Cory Lane	
City Reading	State MA	City Reading	State MA
Zip 01867		Zip 01867	
Director Name Cynthia Sullivan		Director Name [REDACTED]	
Street Address 24 Cory Lane		Street Address [REDACTED]	
City Reading	State MA	City [REDACTED]	State [REDACTED]
Zip 01867		Zip [REDACTED]	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		50,000	
		CNP	
		\$ 0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
<i>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.</i>			
Name of Authorized Representative Lee Sullivan			Date 04/01/2022
Signature of Authorized Representative DocuSigned by: SIGN DOCUMENT HERE			
FILED			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 21 2022

BY 13125
11:30