



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: **2017**

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 6066		2. Exact name of the Corporation FINANCIAL INNOVATIONS, INC.												
3. Principal Office Address ONE WINGEROFF BOULEVARD			City CRANSTON	State RI	Zip 02910									
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island ADVERTISING SPECIALTY DISTRIBUTOR												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Paul McConnell			Vice-President Name L. Susan Weiner											
Street Address 1 Weingeroff Boulevard			Street Address 140 Fox Run											
City Cranston	State RI	Zip 02910	City East Greenwich	State RI	Zip 02818									
Secretary Name L. Susan Weiner			Treasurer Name L. Susan Weiner											
Street Address 140 Fox Run			Street Address 140 Fox Run											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	COMMON	NO PAR VALUE												
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.														
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.														
Name of Authorized Representative Paul McConnell				Date 2-16-17										
Signature of Authorized Representative 														

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

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FEB 21 2017

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FORM 630 - Revised: 02/2017