RI SOS Filing Number: 201734712670 Date: 2/21/2017 4:00:00 PM

State of Rhode Islan	and Browidence	Dientations			_	- W	
	f State - Busir	ness Services	Division			8 July 1	
Corporation							
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25 		ot filed by April 1.					
1. Entity ID Number 6066		2. Exact name of the Corporation FINANCIAL INNOVATIONS, INC.					
Principal Office Address ONE WINGEROFF BOULEVARD			City CRANSTO	N	State RI	Zip 02910	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
	ADVERTIS	ADVERTISING SPECIALTY DISTRIBUTOR					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names ar	nd addresses)			Cl	neck the box to	indicate an attachment	
President Name Paul McConnell			Vice-President Name L. Susan Weiner				
Street Address 1 Weingeroff E		Street Address 140 Fox Run					
City Cranston	State RI	^{Zip} 02910	City East Gr		State RI	^{Zip} 02818	
Secretary Name L. Susan Wei	ner	1		^{me} L. Susan Wei	iner		
Street Address 140 Fox Run				s 140 Fox Run	<u> </u>		
City East Greenwich	State RI	^{Zip} 02818	City East Gr	reenwich	State RI	^{Zip} 02818	
8. List ALL directors (names a	and addresses)		 -		neck the box to i	indicate an attachment	
Director Name	Director Name						
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss		Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.						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

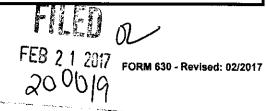
Signature of Authorized Representative

MAJL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



Date