



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.

STAMP

FOR

1. Entity ID Number 43516		2. Exact name of the Corporation WINGS FINANCIAL MARKETING, INC.			
3. Principal Office Address 1370 SOUTH COUNTY TRAIL			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island DEAL IN FINANCIAL AND ANY LAWFULL BUSINESS.				
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 ROBERT S. CATANZARO			Vice-President Name MARJORIE B. CATANZARO		
Street Address 1370 SOUTH COUNTY TRAIL			Street Address 1370 SOUTH COUNTY TRAIL		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name MARJORIE B. CATANZARO			Treasurer Name ROBERT S. CATANZARO		
Street Address 1370 SOUTH COUNTY TRAIL			Street Address 1370 SOUTH COUNTY TRAIL		
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 ROBERT S. CATANZARO			Director Name		
Street Address 1370 SOUTH COUNTY TRAIL			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			5	COMMON	NO PAR
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 ROBERT S. CATANZARO				Date 8/16/17	
Signature of Authorized Representative <i>Robert Catanzaro</i>			SIGN DOCUMENT HERE		

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

FILED

AUG 21 2017

BY 3929/DS

FORM 630 - Revised: 10/2016