

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED *eg*

FEB 07 2018

BY 201307

Annual Report for the year: 2018
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 000006066		2. Exact name of the Corporation FINANCIAL INNOVATIONS, INC.			
3 Principal Office Address ONE WEINGEROFF BOULEVARD			City CRANSTON	State RI	Zip 02910
4 NAICS Code 424990		6 Brief description of the character of business conducted in Rhode Island ADVERTISING SPECIALTY DISTRIBUTOR			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment
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
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		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 <i>Paul McConnell</i>					Date 1-31-18
Signature of Authorized Representative PAUL MCCONNELL					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov