



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

Annual Report for the year: 2018
Corporation

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

- 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 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 523920 | | 6. Brief description of the character of business conducted in Rhode Island DEAL IN FINANCIAL AND ANY LAWFULL BUSINNESS | | | |
| 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 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 5 | CLASS/SERIES COMMON | PAR VALUE 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 3/14/18 | |
| Signature of Authorized Representative <i>RS 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

MAR 23 2018

FORM 630 - Revised: 10/2017

BY 3948 DS