



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

Annual Report for the year: **2019**
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 <input type="checkbox"/>					
President Name PAUL MCCONNELL			Vice-President Name L. SUSAN WEINER		
Street Address ONE WEINGEROFF BOULEVARD			Street Address 34 STARR DRIVE		
City CRANSTON	State RI	Zip 02910	City NARRAGANSETT	State RI	Zip 02882
Secretary Name L. SUSAN WEINER			Treasurer Name L. SUSAN WEINER		
Street Address 34 STARR DRIVE			Street Address 34 STARR DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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"/>					
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 8/13/19
Signature of Authorized Representative <i>Paul McConnell</i>					

FILED

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

AUG 19 2019
BY **203594**
FORM 630 - Revised: 10/2017