RI SOS Filing Number: 202191284030 Date: 2/10/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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RY (0170)	

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
43516	Wings Financial Marketing Inc								
3. Principal Office Address			City		State	Zip			
1370 South County Trail	370 South County Trail		East Greenw	vich	RI	02818			
4. NAICS Code	6. Brief desci	6. Brief description of the character of business conducted in Rhode Island							
523920	Deal in financial and any lawfull business								
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names an	d addresses)			Chec	k the box to in	dicate an attachment 🔲			
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 Marjoric 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 a	nd addresses)	l		Chec	ck the box to in	dicate an attachment			
Director Name Robert S Catana			Director Name	e					
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	Zıp	City		State	Zip			
9. Shares Authorized		10. Shares Is	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of Department of State.	record in the		OF SHARES	CI ASS/SERIES		PAR VALUE			
·		5		Common		No Par			
Changes require an additional	filing.								
11. This report must be execu	ted on behalf of the	corporation by an	authorized repre	sentative. If the cor	poration is in the	ne hands of a receiver or			
trustee, this report must be ex						hadular and			
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 Date									
Robert S Catanzaro V Lolour Calauraro 2/1/21									
Signature of Authorized Repre	esentative)						

MAIL TO:

Division of Business Services

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

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