State of Rhode Island	Fee: \$50.00
Office of the Secretary of State	
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
Foreign Business Corporation	
Annual Report	
Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to	
file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. Corporate ID No. 000129771	
2. Name of Corporation Farnam Street Financial, Inc.	
3. Street Address Principal Business Office:	
No. and Street: <u>5850 OPUS PARKWAY</u>	
240	
City or Town: <u>MINNETONKA</u> State: <u>MN</u> Zip: <u>55343</u> Count	try: <u>USA</u>
4. Business Phone No.	
<u>9529080850</u>	
5. State of Incorporation	
State: <u>MN</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	entity.
<u>532420</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island	
EQUIPMENT LEASING	
7. Names and Addresses of the Officers and Directors:	
All officers and directors must be listed.	
P	

Title	STEVEN C MORGAN   WESLEY A OLSEN		Address Address, City or Town, State, Zip Code, Country		ode, Country
PRESIDENT			5850 OPUS PARKWAY /INNETONKA, MN 55343 USA		
VICE PRESIDENT			5850 OPUS PARKWAY MINNETONKA, MN 55343 USA		
Shares Authorized and	Issued				
Class of Stock	Series of Stock	Par Value Per Share		Total Authorized Shares Number of Shares	Total Issue and Outstandin <i>Num of</i> <i>Shares</i>
CWP		\$0.01	100	10,000,000.00	1000000
This report must be exe	e hands of a receiver o le receiver or trustee.	or trustee,	this rep	authorized repres ort must be execut	entative. If ed on beha
This report must be exe corporation is in the the corporation by th	e hands of a receiver of the receiver or trustee. nuary, 2023 at 4:27: instrument constitutes of perjury, that this in n, and that the facts sta	or trustee, 31 PM. Th s the affirm strument is ated herein	this rep nis electro nation or s that ind	a authorized repres ort must be execut onic signature of th acknowledgement lividual's act and de	entative. If ed on beha e individua of the eed or the a
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