



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**FEB 03 2025**

BY 209800

AA

**Annual Report for the year: 2025**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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.					
<b>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.</b>					
Name of Authorized Representative PAUL MCCONNELL				Date 1/30/25	
Signature of Authorized Representative 					

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