



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.
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3. Principal Office Address ONE WEINGEROFF BOULEVARD	City CRANSTON	State RI	Zip 02910
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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	City NARRAGANSETT
State RI	State RI
Zip 02910	Zip 02882
Secretary Name L. SUSAN WEINER	Treasurer Name L. SUSAN WEINER
Street Address 34 STARR DRIVE	Street Address 34 STARR DRIVE
City NARRAGANSETT	City NARRAGANSETT
State RI	State RI
Zip 02882	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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. Shares Authorized	10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES
	100	COMMON
		PAR VALUE
		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 1/30/25
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Signature of Authorized Representative 
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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov