



State of Rhode Island
Department of State - Business Services Division

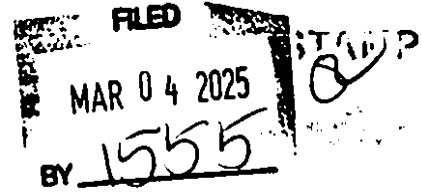
Annual Report for the year: 2025

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 000043516		2. Exact name of the Corporation Wings Financial Marketing, Inc.											
3. Principal Office Address 1370 South County Trail		City East Greenwich	State RI	Zip 02818									
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island Management and Real Estate												
5. State of Incorporation RI													
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐													
President Name Robert S. Catanzaro		Vice-President Name											
Street Address 1370 South County Trail		Street Address											
City East Greenwich	State RI	Zip 02818	City	State									
Secretary Name		Treasurer Name											
Street Address		Street Address											
City	State	Zip	City	State									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐													
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5	CNP	\$0.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
5	CNP	\$0.00											
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 Robert S. Catanzaro			Date 02/25/2025										
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