

State of Rhode Island Department of State - Business Services Division

025

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

MAR 0 4 2025
BY 1555

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.									
1. Entity ID Number	2. Exact name o	f the Corporation							
000043516	Wings Fin	Wings Financial Marketing, Inc.							
3. Principal Office Address	City State Zip								
1370 South County Trail				East Greenwich		02818			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
541990	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	Zip			
Secretary Name			Treasurer Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
8. List ALL directors (names and	addresses)		<u> </u>	Check t	he box to indic	ate an attachment			
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	<u> </u>	10. Shares Issued Check the box to indicate an attachment							
This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VAL									
Department of State.		5	_	CNP		\$0.00			
Changes require an additional filin	g.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
ceiver 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						Date			
Robert S. Catanzaro					02/25/2025				
Signature of Authorized Represe	ntative				<u> </u>				
Roberted	andeo								

Division of Business Services

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

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