



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 162246		2. Exact name of the limited liability company ATM USA, LLC	
3. State of Formation NC		4. Brief description of the character of the business which is actually conducted in Rhode Island ATM Vending	
5. Principal office address 2200 Gateway Centre Blvd. Suite 220		City MORRISVILLE	State NC
		Zip 27560	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian White		Contact Title Managing Member	
Street Address 2200 Gateway Centre Blvd. Suite 220		City MORRISVILLE	State NC
		Zip 27560	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name BRIAN W. WHITE		Manager Name	
Street Address 30 BALLAST POINT DR		Street Address	
City MANTOU	State NC	City	State
Zip 27954		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name National Registered Agents, Inc		Address 222 Jefferson Blvd, Suite 220	
Address		City WARRICK	Zip 02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date **FILED**

Check No. **SEP 07 2010**

By: **500339**

FOR SECRETARY OF STATE USE ONLY

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.

*Brian White* 8-2-10  
Signature of Authorized Person Date

Brian White  
Print or Type Name of Authorized Person