



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000793962		2. Exact name of the Corporation CFB MANAGEMENT, INC			
3. Principal office address 8 RIDGE HILL RD		City NO. SMITHFIELD	State R. I.	Zip 02896	
4. Business Phone No. 401 644 3564		5. State of Incorporation R. I.			
6. Brief description of the character of business conducted in Rhode Island SERVICING ATM MACHINES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS P FLYNN			Vice-President Name —		
Street Address 8 RIDGE HILL RD			Street Address		
City NO. SMITHFIELD	State R. I.	Zip 02896	City	State	Zip
Secretary Name —			Treasurer Name —		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	5 TK	0.0100

2014 MAR 13 PM 11:10
SECRETARY OF STATE
CORPORATIONS DIV

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED 11:10 AM

MAR 13 2014

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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.

Thomas P Flynn 3-13-14
Signature of Authorized Representative Date

THOMAS P FLYNN
Print or Type Name of Authorized Representative