



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** 2016

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. <b>793962</b>		2. Exact name of the Corporation <b>CFB MANAGEMENT INC.</b>			
3. Principal office address <b>8 RIDGE HILL RD</b>			City <b>NO. SMITHFIELD</b>	State <b>R.I</b>	Zip <b>02896</b>
4. Business Phone No. <b>401 644-3564</b>		5. State of Incorporation <b>R.I</b>			
6. Brief description of the character of business conducted in Rhode Island <b>SERVICING ATM MACHINES</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>THOMAS P FLYNN</b>			Vice-President Name		
Street Address <b>8 RIDGE HILL RD</b>			Street Address		
City <b>NO. SMITHFIELD</b>	State <b>R.I</b>	Zip <b>02896</b>	City	State	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			<b>1000</b>	<b>5TK</b>	<b>0.0100</b>

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*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**

**MAR 22 2016**

By 270606

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  
 Signature of Authorized Representative Date \_\_\_\_\_  
THOMAS P FLYNN  
 Print or Type Name of Authorized Representative