



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 JAN 24 PM 12:16

1. Entity ID Number <b>793962</b>		2. Exact name of the Corporation <b>C F B 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. NAICS Code <b>81</b>		6. Brief description of the character of business conducted in Rhode Island <b>SERVICING ATM MACHINES</b>			
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>THOMAS P FLYNN</b>		Vice-President Name <b>-</b>			
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	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>-</b>		Director Name <b>-</b>			
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>S T K</b>	PAR VALUE <b>0.0100</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>THOMAS FLYNN</b>				Date <b>1-24-17</b>	
Signature of Authorized Representative <b>Thomas P Flynn</b>					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED  
JAN 24 2017  
BY **0294007**

FORM 630 - Revised: 10/2016