



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 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
 2021 JAN 11 PM 12:38

1. Entity ID Number 000793962		2. Exact name of the Corporation CFB MANAGEMENT INC.			
3. Principal Office Address 8 RIDGE Hill RD			City NO. SMITHFIELD	State RI	Zip 02896
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island OWN ATMS FILL AND REPAIR THEM			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	5 Y K	0100
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.					
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 THOMAS P FLYNN				Date 1-11-21	
Signature of Authorized Representative <i>Thomas P Flynn</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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