



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000141461

**2. Name of Corporation** CREDIT CARD MANAGEMENT SERVICES, INC.

**3. State of Incorporation**

State: FL

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

541990

**4. Principal Office Address**

No. and Street: 1325 N CONGRESS AVE  
#201

City or Town: WEST PALM BEACH State: FL Zip: 33401 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

DEBT MANAGEMENT

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	PAUL L DONOHUE JR	2043 NORTH PALM CIRCLE NORTH PALM BEACH, FL 33408 USA
DIRECTOR	JAMES HUNTINGTON SUTCH	5320 LYNN LANE ELLCOTT CITY, MD 21043 USA
DIRECTOR	MATT CURRAN	251 HAMPTON DR JUPITER, FL 33458 USA
DIRECTOR	GEORGE LUBECK III	1211 EMERALD DRIVE SINGER ISLAND, FL 33404 USA
DIRECTOR	KURT STAHURA	2 MILLRACE STREET WILLIAMSVILLE, NY 14221 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 17 Day of January, 2024 at 3:19:18 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By PAUL L DONOHUE JR  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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