



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>001748544</u>		2. Exact name of the Corporation <u>MMF MANAGEMENT INC</u>	
3. Principal Office Address <u>8 RIDGE Hill RD</u>		City <u>NO. SMITHFIELD</u>	State <u>RI</u> Zip <u>02896</u>
4. NAICS Code <u>454210</u>	6. Brief description of the character of business conducted in Rhode Island <u>LOADING ATM'S</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>THOMAS P FLYNN</u>		Vice-President Name <u>—</u>	
Street Address <u>8 RIDGE Hill RD</u>		Street Address <u>—</u>	
City <u>NO. SMITHFIELD</u>	State <u>RI</u>	Zip <u>02896</u>	
Secretary Name <u>—</u>		Treasurer Name <u>—</u>	
Street Address <u>—</u>		Street Address <u>—</u>	
City <u>—</u>	State <u>—</u>	Zip <u>—</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>—</u>		Director Name <u>—</u>	
Street Address <u>—</u>		Street Address <u>—</u>	
City <u>—</u>	State <u>—</u>	Zip <u>—</u>	
Director Name <u>—</u>		Director Name <u>—</u>	
Street Address <u>—</u>		Street Address <u>—</u>	
City <u>—</u>	State <u>—</u>	Zip <u>—</u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>—</u>
			PAR VALUE <u>0</u>
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 <u>THOMAS P FLYNN</u>		Date <u>4.23.25</u>	
Signature of Authorized Representative <u>Thomas P Flynn</u>			

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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