



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 57779		2. Name of Corporation GCS SERVICE INC.			
3. Street Address Principal Business Office 370 WABASHA STREET NORTH			City ST PAUL	State MN	Zip 55102-1390
4. Business Phone No. 651-293-2272		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES, SERVICE AND REPAIR OF COMMERCIAL KITCHEN EQUIPMENT.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL GUSTAFSON			Vice President Name PATRICIA JOHNSON		
Street Address 370 WABASHA STREET NORTH			Street Address 370 WABASHA STREET NORTH		
City ST PAUL	State MN	Zip 55102-1390	City ST PAUL	State MN	Zip 55102-1390
Secretary Name DAVID DUVICK			Treasurer Name JOHN CORKREAN		
Street Address 370 WABASHA STREET NORTH			Street Address 370 WABASHA STREET NORTH		
City ST PAUL	State MN	Zip 55102-1390	City ST PAUL	State MN	Zip 55102-1390
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL GUSTAFSON			Director Name DAVID DUVICK		
Street Address 370 WABASHA STREET NORTH			Street Address 370 WABASHA STREET NORTH		
City ST PAUL	State MN	Zip 55102-1390	City ST PAUL	State MN	Zip 55102-1390
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE			100	COMM	.01
			THIS SECTION MUST BE COMPLETED		

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.

FILED	
File Date	MAR 07 2008
Check No.	
By	By 1039658
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Patricia A. Johnson Date 2/29/08
PATRICIA JOHNSON
Print or Type Name
VICE PRESIDENT - TAX
Title