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.	2. Name of Corporation			
57779	GCS SERVICE INC.			
3. Street Address Principal Business Office		City	State	Zip
370 WABASHA STREET NORTH		ST PAUL	MN	55102-1390
4. Business Phone No.	5. State of Incorporation			
651-293-2272	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	Street Address	City	State	Zip
MICHAEL GUSTAFSON	370 WABASHA STREET NORTH	ST PAUL	MN	55102-1390

Vice President Name	Street Address	City	State	Zip
PATRICIA JOHNSON	370 WABASHA STREET NORTH	ST PAUL	MN	55102-1390

Secretary Name	Street Address	City	State	Zip
DAVID DUVICK	370 WABASHA STREET NORTH	ST PAUL	MN	55102-1390

Treasurer Name	Street Address	City	State	Zip
JOHN CORKREAN	370 WABASHA STREET NORTH	ST PAUL	MN	55102-1390

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
MICHAEL GUSTAFSON	370 WABASHA STREET NORTH	ST PAUL	MN	55102-1390

Director Name	Street Address	City	State	Zip
DAVID DUVICK	370 WABASHA STREET NORTH	ST PAUL	MN	55102-1390

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	$.01 PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	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.

[redacted] [redacted]

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.

Patricia A Johnson — 2/29/08
Signature *Date*

PATRICIA JOHNSON
Print or Type Name

[redacted] VICE PRESIDENT - TAX
Title

FILED
File Date MAR 07 2008
Check No.
By: By 039658
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06