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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000123075		me of the limited liab d Equipment G				
3. State of Formation Delaware	Brief description of the character of business conducted in Rhode Island Sales and service of food equipment.					
5. Principal office address 155 Harlem Ave.			City Glenview	State Illinois	Zip 60025	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Phillip J. McGovern			AME OR TITLE OF CONTACT PERSON: Contact Title Secretary of Authorized Member			
Street Address 155 Harlem Ave.			City Glenview	State Ill inois	Zip 60025	
LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO N	OT LIST MEMBERS	
Managar Nama			Manager Name			
Street Address			Street Address			
City	State	7in	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RHOI			etary of State, Changes require			
		F. Jun	ILED 112 2017 1123 305 8 36	-	2017 JUN 12 PM 1: 1	
File Date Check No By: FOR SECRETARY OF STATE	***************************************		this report, including and that all statement that all statement that all statement that the statement that	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.		

Form No. 632 Revised: 01/2012