

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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		ne of the limited liab d Equipment G				
3. State of Formation Delaware	2	4. 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	
5. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Phillip J. McGovern			Contact Title Secretary of Authorized Member			
Street Address 155 Harlem Ave.			City Glenview	State Illinois	Zip 60025	
. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO N	IOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City .	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RHO	DE ISLAND				<u> </u>	
his information is currently	of record in the	FILE	D 1.21	Tilling Form 642.	DUN 12 PH 1:17	
File Date Check No By: FOR SECRETARY OF STAT		Ch 3i	this report, including	nts contained herein and W ed Person vern	hedules and statements	

Form No. 632 Revised: 01/2012