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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00 011700.689900.610
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
522021	Franke Foodservice Solutions, Inc

3. Principal Office Address	City	State	Zip
800 Aviation Pkwy	Smyrna	TN	37167

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
311111	Manufacture / sale / service of restaurant equipment
5. State of Incorporation: DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Luciano Delpozzo	
Street Address: 800 Aviation Pkwy	Street Address
City: Smyrna / State: TN / Zip: 37167	City / State / Zip
Secretary Name: Odessa Eskinde	Treasurer Name
Street Address: 800 Aviation Pkwy	Street Address
City: Smyrna / State: TN / Zip: 37167	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Thomas Campion	
Street Address: 800 Aviation Pkwy	Street Address
City: Smyrna / State: TN / Zip: 37167	City / State / Zip
Director Name: Tom Muellenbach	Director Name
Street Address: 800 Aviation Pkwy	Street Address
City: Smyrna / State: TN / Zip: 37167	City / State / Zip

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
740	CWP	$740

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	Date
Laura Stott	4/20/2018

Signature of Authorized Representative: Laura Stott

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAY 29 2018
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