



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
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 SEP 10 10 41 15 AM '18

1. Entity ID Number <b>000010486</b>		2. Exact name of the Corporation <b>GEORGE'S GALILEE RESTAURANT, INC.</b>			
3. Principal Office Address <b>250 SAND HILL COVE ROAD</b>			City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>
4 NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kevin Durfee</b>			Vice-President Name <b>Kevin Durfee</b>		
Street Address <b>221 Sunnybrook Farm Road</b>			Street Address <b>221 Sunnybrook Farm Road</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name <b>Kevin Durfee</b>			Treasurer Name <b>Kevin Durfee</b>		
Street Address <b>221 Sunnybrook Farm Road</b>			Street Address <b>221 Sunnybrook Farm Road</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>100</b>	<b>Common</b>	<b>None</b>
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. <i>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.</i>					
Name of Authorized Representative 				Date <b>AUG 16 2018</b>	
Signature of Authorized Representative 					

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**  
 BY TRCEE  
 SEP 10 2018