



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021

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  
DEPT OF STATE  
BUSINESS DIVISION  
2021 MAR 31 8:30

1. Entity ID Number 000010486		2. Exact name of the Corporation GEORGE'S GALILEE RESTAURANT, INC			
3. Principal Office Address 250 Sand Hill Cove Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kevin Durfee			Vice-President Name Kevin Durfee		
Street Address 221 Sunnybrook Farm Road			Street Address 221 Sunnybrook Farm Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Kevin Durfee			Treasurer Name <i>Kevin Durfee</i>		
Street Address 221 Sunnybrook Farm Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
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		CLASS/SERIES	
		100		Common	
				None	
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. <b>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.</b>					
Name of Authorized Representative <i>Kevin Durfee President</i>				Date <i>3/16/21</i>	
Signature of Authorized Representative <i>Kevin Durfee</i>				<b>FILED</b>	

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

MAR 31 2021  
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OSW 630 - Revised: 08/2020