

RECEIVED AL CEPTLOF STATE

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

7073 MAR 13 A 9 16

1. Entity ID Number	2. Exact Name of the	rpose of changing its registered agent in the State of Rhode Island: 2. Exact Name of the Corporation		
0010486 GEORGE'S GALILEE RESTAURANT, INC				
3. The address of the rec		TLY shown in the records on file with t	he RI Denartment of State:	
222 JEFF	ERSON BLVD,		no th Department of State.	
City/Town WARWICK		State RHODE ISLAND	Zip 02921	
4. The name of the regist HOBSON & COUTU, LTI	tered agent as PRESENTI D.	Y shown in the records on file with the	RI Department of State:	
5. The address of the NE	W registered office is:			
Street Address (NOT a P.O.	Box) 222 JEFFERSON BI	LVD		
City/Town WARWICK		State RHODE ISLAND	Zip nasse	
6. The name of the NEW registered agent is:		TOTOBE ISLAND	02888	
RUSSO & LOUGH, P.C.	registered agent is:	•		
Date when this Statem	ent of Change of Register	ed Agent will be effective: CHECK ON	E BOX ONLY	
(opor	· mir/g <i>)</i>			
	(Date must be no more tha	n 30 days from the date of filing)		
Under penalty of periury	I declare and affirm that I		and of Denistration 1.4	
Corporation, and that all s	statements contained here	in are true and correct.	ge of Registered Agent by the	
Name of Authorized Office	uha		Date 2/21/23	
Signature of Authorized O	officer of the Corporation		<u> </u>	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-2040

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 3 2023 BY 1280