State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

OCT 1 8 2019

Annual Report for the year: 2019
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number		2. Exact name of the Limited Liability Company				
1006382	Get O	Get Organized,LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island organize kitchens, closets, rooms and aid in labeling and storing excess items.					
812990						
5. State of Formation	7					
Rhode Island						
6. Principal Office Address			City	State	Zip	
224 Old County Rd			Smithfield	R.I	02917	
7. Mailing Address of Limited Li	ability Compa	ny and Name or				
Contact Name Cheryl L. Abalutzk			Contact Title owner			
Street Address 224 Old County Rd			City Smithfield	State R.I	^{Zip} 02917	
8. List ALL managers (names a	and addresses) of the Limited I	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	_1			Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isla	and. This inform	nation is currently o	of record with the Department of Sta	ate. Changes require filir	ig Form 642.	
Under penalty of perjury, I de statements, and that all state				ng any accompanyin	g schedules and	
Name of Authorized Person				Date 10-	9-19	
Brian Abalutzk sr				09/04/2	on Bu	
Signature of Authorized Person	luty	SIGN	N DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov