



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 001681762

2. Exact Name of the Limited Liability Company GETS LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

237130

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE COMPANY FOCUSES ON THE DESIGN AND IMPLEMENTATION OF INNOVATIVE TECHNOLOGIES. ITS FLAGSHIP PRODUCT IS AN OFF-THE-GRID TELECOMMUNICATION TOWER WITH MULTIPLE APPLICATIONS.

DESIGN INTENT

- MODERN DESIGN LATTICE TOWER WITH THE EXPECTED LOAD-BEARING PROPERTIES (MATERIAL EFFICIENCY) WHILE MAINTAINING THE RESISTANCE TO THE STRESSES CAUSED BY SPINNING ON TOP OF 4-TON WIND TURBINE;
- THE INNOVATIVE MAST OF PROPRIETARY WIND TURBINE;
- THE CONSTRUCTION OF THE THREE LEVELS OF ASSEMBLY FOR ANTENNA SYSTEMS IN EACH OF THE 6 BRACKETS FOR THE STATION MULTISECTORAL, SUPPORTS RADIO LINKS;
- THE RANGE OF DIFFERENT HEIGHTS AND ENERGY PARAMETERS;
- THE USE OF GENERATORS BASED ON NEODYMIUM MAGNETS;
- ADDITIONAL SOURCES OF ENERGY FROM PHOTOVOLTAIC PANELS OR GENERATOR FUEL POLYOLEFIN;
- ENERGY STORAGE BASED ON BATTERIES;
- THE USE OF OIL FRACTIONS, RESULTING IN THE PROCESSING OF PLASTICS IN TWO GENERATOR SETS;

5. Principal Office Address

No. and Street: 1301 ATWOOD AVENUE
SUITE 215N

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: GETS LLC Contact Title: TOMASZ SADOWSKI

No. and Street: 7 THORNWOOD DRIVE

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	TOMASZ SADOWSKI	1301 ATWOOD AVENUE, SUITE 215N JOHNSTON, RI 02919 USA
MANAGER	ANA MORGAN	1301 ATWOOD AVENUE, SUITE 215N JOHNSTON, RI 02919 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

WILLIAM P. DEVEREAUX, ESQ. 1301 ATWOOD AVENUE SUITE 215N JOHNSTON , RI 02919

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 28 Day of October, 2019 at 1:10:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TOMASZ SADOWSKI
Signature of Authorized Person

Form No. 632
Revised 09/07