RI SOS Filing Number: 202101055880 Date: 9/7/2021 4:00:00 PM

Department of Annual Report for the Limited Liability Con  → Filing period: Septem  → Filing Fee: \$50.00  → Penalty: Additional \$2	ne year: 20 npany nber 1 - Novemb	<b>21</b> ber 1	SEP 07 20		FD
1. Entity ID Number			d Liability Company		
1006382   Get Organized,LLC					
3. NAICS Code 5. State of Formation Rhode Island			naracter of business conducted ,rooms and aid in labeling an		ms.
6. Principal Office Address			City	State	Zip
224 Old County Rd					
224 Old County Rd			Smithfield	R.I	02917
7. Mailing Address of Limite		and Name or		R.I	02917
		nny and Name or		R.I	02917
7. Mailing Address of Limite	niutzk	eny and Name or	Title of Contact Person	R.I State R.I	02917 Zip 02917
7. Mailing Address of Limiter Contact Name Cheryl L. Aba Street Address 224 Old Cour	niutzk nty Rd		Title of Contact Person  Contact Title owner	State R.I	<sup>Zip</sup> 02917
7. Mailing Address of Limiter Contact Name Cheryl L. Aba Street Address 224 Old Cour	niutzk nty Rd		Title of Contact Person  Contact Title owner  City Smithfield	State R.I	<sup>Zip</sup> 02917
7. Mailing Address of Limiter Contact Name Cheryl L. Aba Street Address 224 Old Court 8. List ALL managers (name	niutzk nty Rd		Title of Contact Person  Contact Title owner  City Smithfield  Liability Company, IF APPLICAL	State R.I	<sup>Zip</sup> 02917
7. Mailing Address of Limiter Contact Name Cheryl L. Aba Street Address 224 Old Court 8. List ALL managers (name Manager Name	niutzk nty Rd		Title of Contact Person  Contact Title owner  City Smithfield  Liability Company, IF APPLICAL  Manager Name	State R.I	<sup>Zip</sup> 02917
7. Mailing Address of Limiter Contact Name Cheryl L. Aba Street Address 224 Old Court 8. List ALL managers (name Manager Name Street Address	niutzk nty Rd es and addresses	s) of the Limited I	Title of Contact Person  Contact Title owner  City Smithfield  Liability Company, IF APPLICAL  Manager Name  Street Address	State R.I BLE - DO NOT LIST I	Zip 02917 MEMBERS
7. Mailing Address of Limiter Contact Name Cheryl L. Aba Street Address 224 Old Count 8. List ALL managers (name Manager Name Street Address City Manager Name	niutzk nty Rd es and addresses	s) of the Limited I	Title of Contact Person  Contact Title owner  City Smithfield  Liability Company, IF APPLICAL  Manager Name  Street Address  City	State R.I BLE - DO NOT LIST I	Zip 02917 MEMBERS
7. Mailing Address of Limiter Contact Name Cheryl L. Aba Street Address 224 Old Court 8. List ALL managers (name Manager Name Street Address City	niutzk nty Rd es and addresses	s) of the Limited I	Title of Contact Person  Contact Title owner  City Smithfield  Liability Company, IF APPLICAl  Manager Name  Street Address  City  Manager Name	State R.I BLE - DO NOT LIST I	Zip 02917 MEMBERS

SIGN DOCUMENT FIRE

MAIL TO:

**Division of Business Services** 

Name of Authorized Person

Signature of Authorized Person

Brian Abalutzk sr

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

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

09/02/2021