



**State of Rhode Island  
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:** 2021

**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: 374 ROOSEVELT AVE  
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

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

Contact Name: Contact Title:  
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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	TOMASZ SADOWSKI	374 ROOSEVELT AVE PAWTUCKET , RI 02860 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 14 Day of October, 2021 at 11:54:45 AM 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 WILLIAM P. DEVEREAUX  
Signature of Authorized Person

Form No. 632  
Revised 09/07