<b>HODE</b>	State of Rhod Office of the Secre	a leland	F \$50.00
HOPE			Fee: \$50.00
HORE	Division Of Busine 148 W. River Providence RI 02	Street 904-2615	
TUPE	(401) 222-3	040	
Limited Liability Compa Annual Report Filing Period: September 1 - I			
	-16-66(d), each limited liability co thirty (30) days after the time pre enalty fee of \$25.00.		<u> </u>
ANNUAL REPORT YEAR: 2	2021		
1. ID No. <u>000151459</u>			
2. Exact Name of the Limited Liability Company <u>T. GETZ &amp; CO., LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. More i	de that best describes the prima nformation on <u>NAICS</u> can be four	•	by the entity. Download
<u>531390</u>			
4. Brief Description of the	Character of the Business Whi	ch is Actually Condu	cted in Rhode Island
REAL ESTATE HOLDIN	G AND INVESTMENT MAN	AGEMENT	
5. Principal Office Address	5		
	CATLIN AVE.		
No. and Street: <u>88 C</u>	MFORD State: H	<u>L</u> Zip: <u>02914</u>	Country: <u>USA</u>
No. and Street: <u>88 C</u> City or Town: <u>RUN</u>			
No. and Street: 88 C   City or Town: RUN   6. Mailing Address of Limit   Contact Name: Contact Tit   No. and Street: 88 C	MFORD State: H   ted Liability Company and Nat   tle:   ATLIN AVE.	ne or Title of Contac	t Person:
No. and Street: 88 C   City or Town: RUN   6. Mailing Address of Limit   Contact Name: Contact Tit   No. and Street: 88 C   City or Town: RUM	MFORD State: F   ted Liability Company and Nat   tle:   ATLIN AVE.   IFORD State: R	ne or Title of Contac	t Person: Country: <u>USA</u>
No. and Street: 88 C   City or Town: RUN   6. Mailing Address of Limit   Contact Name: Contact Tit   No. and Street: 88 C   City or Town: RUM	MFORD State: F   ted Liability Company and Nat   tle:   ATLIN AVE.   IFORD State: R   ach Manager of the Limited Li	ne or Title of Contac	t Person: Country: <u>USA</u>
No. and Street:88 CCity or Town:RUN6. Mailing Address of LimitContact Name:Contact TitNo. and Street:88 CCity or Town:RUM7. Name and Address of E	MFORD State: E   ted Liability Company and Nat   tle:   ATLIN AVE.   IFORD State: R   ach Manager of the Limited Lis   Individual Name	ne or Title of Contac Zip: <u>02914</u> ability Company, if A	t Person: Country: <u>USA</u> Applicable.
No. and Street: 88 C   City or Town: RUN   6. Mailing Address of Limit   Contact Name: Contact Tit   No. and Street: 88 C   City or Town: RUM   7. Name and Address of E   DO NOT LIST MEMBERS	MFORD State: F   ted Liability Company and Nar   tle:   ATLIN AVE.   IFORD State: R   ach Manager of the Limited Liss	ne or Title of Contac Zip: <u>02914</u> ability Company, if A Address, City or Tow	t Person: Country: <u>USA</u>

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

CHRISTOPHER C. CASSARA, ESQ. PARTRIDGE SNOW & HAHN LLP 40 WESTMINSTER STREET, SUITE 1100 PROVIDENCE, RI 02903

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

**Signed this 30 Day of November, 2021 at 8:13:35 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 <u>DANIEL CLAYMAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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