20.00

State of Rhode Island

Department of State - Business Services Division

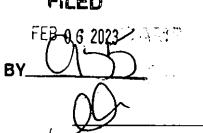
FILED

Annual Report for the year: $\frac{2023}{}$ **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 001006382	2. Exact name of the Limited Liability Company Cot Organized LLC				
	Get Organized LLC				
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island Organize kitchens, closeets, rooms and aid in labeling and storing excess items.				
Rhode Island					
6. Principal Office Address	4-, 	City	State	Zip	
224 Old County RD		Smithfield	R.I	02917	
7. Mailing Address of Limited Lia		te of Contact Person			
Contact Name Cheryl L Abalutzk		Contact Title Owner			
Street Address 224 Old County Rd		City Smithfield	State R.I	^{Zip} 02917	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person			Date	Date	
Brian Abalutzk sr			02/02/2023		
Signature of Authorized Person Buan abality se					

MAIL TO:

Division of Business Services

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

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