



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 03 2024
BY 1894 OS

1. Entity ID Number 000151459		2. Exact name of the Corporation T. Getz and Co. LLC			
3. Principal Office Address 197 Anthony St.		City East Providence		State RI	Zip 02914
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel G. Clayman			Vice-President Name Terri G. Clayman		
Street Address 88 Catlin Avenue			Street Address 88 Catlin Avenue		
City Rumford		State RI	Zip 02916	City Rumford	
State RI		Zip 02916		State RI	
Zip 02916		City Rumford			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City			
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City			
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Daniel G. Clayman				Date 04.24.24	
Signature of Authorized Representative 					