



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	City Rumford	State RI
Zip 02916		Zip 02916	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	
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. <b>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.</b>			
Name of Authorized Representative Daniel G. Clayman			Date 04.24.24
Signature of Authorized Representative 			

MAIL TO:  
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