



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**  
FEB 15 2024  
BY *[Signature]*

Annual Report for the year: 2024  
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 <del>814625604</del> <i>7668710</i>		2. Exact name of the Limited Liability Company Breene Bain LLC	
3. NAICS Code 445230		4. Brief description of the character of business conducted in Rhode Island Small scale vegetable and flower farm and spring plant sales	
5. State of Formation Rhode Island			
6. Principal Office Address 38 North Road		City Foster	State RI Zip 02825
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Lauren Breene		Contact Title Partner	
Street Address 38 North Rd		City Foster	State RI Zip 02825
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person Lauren A Breene		Date 02/13/2024	
Signature of Authorized Person <i>Lauren A Breene</i>			

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov