

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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.

REC'D RIDOS BSD '25 JAN 29 PH12:43:	Stamp
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1. Entity ID Number 001680346	1	2. Exact name of the Limited Liability Company Prescription Turf Services LLC				
3. NAICS Code 238990	· ·	Brief description of the character of business conducted in Rhode Island Turf management and general agricultural consultation.				
5. State of Formation RI						
6. Principal Office Address 53 Indian Trail		City Saunderstown	State RI	Zip 02874		
7. Mailing Address of Limite	d Liability Company and Nam	ne or Title of Contact Person				
Contact Name Brian M. Walters		Contact Title Manager				
Street Address 53 Indian Trail		City Saunderstown	State RI	Zip 02874		
8. The Resident Agent inform	mation currently of record wit	th the RI Department of State is accu	ırate. Changes requ	ire filing Form 642.		
	declare and affirm that I hat at a declare and affirm that I had attements contained herein	ave examined this report, including are true and correct.	g any accompanyl	ng schedules and		
Name of Authorized Person			Date			
BRIAN	M. WALTE	Z7CS	12	MN, 25		
Signature of Authorized Pers) \(\frac{1}{2}\)	3			

MAIL TO:

Division of Business Services

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