



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2025

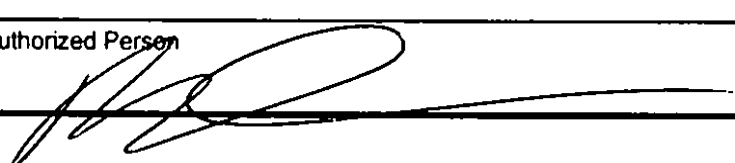
- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED,

MAR 12 2025



BY 256

|                                                                                                                                                                                                         |  |                                                                                                                           |                 |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|
| 1. Entity ID Number<br>001739520                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Lawn and Land LLC                                                       |                 |              |
| 3. NAICS Code<br>561730                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>General Landscaping and Lawn Care Services |                 |              |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                           |                 |              |
| 6. Principal Office Address<br>22 Boone Street                                                                                                                                                          |  | City<br>North Kingstown                                                                                                   | State<br>RI     | Zip<br>02852 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                           |                 |              |
| Contact Name<br>Bret Chace                                                                                                                                                                              |  | Contact Title<br>Owner                                                                                                    |                 |              |
| Street Address<br>22 Boone Street                                                                                                                                                                       |  | City<br>North Kingstown                                                                                                   | State<br>RI     | Zip<br>02852 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                           |                 |              |
| 9. 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<br>Bret Chace                                                                                                                                                                 |  |                                                                                                                           | Date<br>3/10/25 |              |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                                           |                 |              |

MAIL TO:

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