



State of Rhode Island
Department of State - Business Services Division

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 DEPARTMENT OF STATE
 2025 MAR 14 PM 2:49

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001739520		2. Exact Name of the Limited Liability Company Lawn and Land LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 222 Jefferson Blvd. Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: United States Corporation Agents Inc.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 22 Boone Street			
City/Town North Kingstown	State RHODE ISLAND	Zip 02852	
6. The name of the NEW resident agent is: Bret chace			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Bret Chace		Date 03/10/2025	
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:

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

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BY RYVNB
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