RI SOS Filing Number: 202449033470 Date: 3/14/2024 4:00:00 PIFILED



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

BY 1100

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Annual Report for the year: 2024
Limited Liability Company

2024

→ 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               | 2. Exact name of the Limited Liability Company                              |                               |                        |                      |
|-----------------------------------|---|-------------------------------|------------------------|----------------------|
| 001704938                         | 1   |                               |                        |                      |
| 001704936                         | BULLFROGFIT, LLC  |                               |                        |                      |
| 3 NAICS Code                      | 4. Brief description of the character of business conducted in Rhode Island |                               |                        |                      |
| 713940                            | Gym/ Fitness Center   |                               |                        |                      |
| 5. State of Formation             |   |                               |                        |                      |
| Rhode Island                      | 15  |                               |                        |                      |
| 6. Principal Office Address       | _ <del>_</del>  | City                          | State                  | Zip                  |
| 2477 East Main Rd.                |   | Portsmouth                    | RI                     | 02871                |
| 7 Mailing Address of Limited L    | iability Company and Name or Title  | e of Contact Person           |                        | ·                    |
| Contact Name Jeremiah O'Connor    |   | Contact Title Member          |                        |                      |
| Street Address 2477 East Main Rd. |   | City                          | State                  | <sup>Zip</sup> 02871 |
| 8. The Resident Agent information | tion currently of record with the RI I                                      | Department of State is accura | te. Changes require fi | ling Form 642.       |
|                                   | declare and affirm that I have ex<br>ments contained herein are true        |                               | g any accompanyin      | g schedules and      |
| Name of Authorized Person         |   |                               | Date/.                 | - /                  |
| Jeremiah O'Connor                 |   |                               | 5//2                   | 2/24                 |
| Signature of Authorized Rerson    |   |                               |                        |                      |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence. Rhode Island 02904-2615

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