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

FILED

TAR SUBJECT STAFF

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.

Entity ID Number	2. Event name of the Limited Li	ability Conserve		· _	
	2. Exact name of the Limited Liability Company				
001704938	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	1				
Rhode Island					
6. Principal Office Address	<u> </u>	City	State	Zip	
2477 East Main Rd.		Portsmouth	RI	02871	
7 Mailing Address of Limited Lia	bility Company and Name or Title	e of Contact Person	<u> </u>		
Contact Name Jeremiah O'Connor		Contact Title Member			
Street Address 2477 East Main Rd.		City Portsmouth	State RI	^{Zip} 02871	
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 d statements, and that all staten	eclare and affirm that I have ex nents contained herein are true	ramined this report, including and correct.	g any accompan	ying schedules and	
Name of Authorized Person			Date 7		
Jeremiah O'Connor			\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	12/24	
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

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