



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number <u>000849453</u>		2. Exact name of the Limited Liability Company <u>CrossFit GAMUT, LLC</u>	
3. NAICS Code <u>113940</u>		4. Brief description of the character of business conducted in Rhode Island <u>fitness facility</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>1485 S COUNTY TRL #205</u>		City <u>EAST GREENWICH</u>	State <u>RI</u>
Zip <u>02918</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>AMANDA PERRY</u>		Contact Title <u>GENERAL MANAGER</u>	
Street Address <u>1485 S COUNTY TRL #205</u>		City <u>EAST GREENWICH</u>	State <u>RI</u>
Zip <u>02918</u>			
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 <u>AMANDA PERRY</u>		Date <u>06/03/2025</u>	
Signature of Authorized Person 			

FILED

JUN 25 2025
BY mgvAd
1005 RS

MAIL TO:

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