

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000000540

Entity Name: THRIVE OPERATIONS, LLC

Current Principal Place of Business:

25 FORBES BLVD
SUITE 3
FOXBORO, MA 02035

Current Mailing Address:

25 FORBES BLVD
SUITE 3
FOXBORO, MA 02035 US

FEI Number: 81-4498230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name HARRINGTON, DANIEL
Address 25 FORBES BLVD
 SUITE 3
City-State-Zip: FOXBORO MA 02035

Title MANAGER
Name ADAMS, JAMES
Address 25 FORBES BLVD
 SUITE 3
City-State-Zip: FOXBORO MA 02035

Title MANAGER
Name STEPHENSON, ROBERT
Address 25 FORBES BLVD
 SUITE 3
City-State-Zip: FOXBORO MA 02035

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES ADAMS

MANAGER

05/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date