

2022 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: ADAMS, JAMES

MANAGER

03/21/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date