

**2021 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:** ROBERT STEPHENSON

**MANAGER**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date