

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000005052

**Entity Name:** THRIVE NETWORKS, INC.**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:** 04-3517250**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:** SARAH REVELLE

04/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title CONTROLLER  
Name HARRINGTON, DANIEL  
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES W. ADAMS

CFO

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date