



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information** (*Entity Name is only required for a Certificate of Non-Existence*)

ID	ENTITY NAME	CERTIFICATE TYPE
000875167	Thrive Training LLC	Good Standing Certificate

**Total Fee: \$100.00**

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: JASON STEVENSON

Business Name: THRIVE TRAINING

No. and Street: 1136 MAIN ST

City or Town: WYOMING

State: RI Zip: 02891 Country: US

Contact Phone: 6107424906 ext:

Contact Email: THRIVETRAININGTEAM@GMAIL.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**