



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

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

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001705852

**2. Name of Corporation** THRIVE CAUSEMETICS, INC.

**3. Street Address Principal Business Office:**

No. and Street: 10900 NE 4TH STREET  
SUITE 2300

City or Town: BELLEVUE State: WA Zip: 98004 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

446120

**6. Brief Description of the Character of Business Conducted in Rhode Island**

COSMETIC RETAIL SALES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
PRESIDENT	KARISSA BODNAR	10900 NE 4TH STREET, SUITE 2300 BELLEVUE, WA 98004 USA

CFO	NED MENNINGER	10900 NE 4TH STREET STE 2300 BELLEVUE, WA 98004 USA
DIRECTOR	KARISSA BODNAR	10900 NE 4TH STREET, STE 2300 BELLEVUE, WA 98004 USA
DIRECTOR	AJAY CHOPRA	10900 NE 4TH STREET, SUITE 2300 BELLEVUE, WA 98004 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK	A	\$0.0100	6,504,880.00	4846130
STK	SEED	\$0.0010	12,066,610.00	12066610
STK	A	\$0.0010	62,000,000.00	1973764
STK	B	\$0.0010	40,000,000.00	34571186

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 10 Day of February, 2021 at 2:26:20 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ANDREA CANNON  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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