RI SOS Filing Number: 202328438750 Date: 2/15/2023 11:50:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\frac{2023}{}$ **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED STATE RECEIVED STATE RESERVED STATE RESERVED STATE	
2013 FEB 15 A 11: 48	

Entity ID Number	2. Exact name of the Lim	Exact name of the Limited Liability Company			
17074	95 2-Thrive LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
54/611	Education Consulta	Education Consultant			
5 State of Formation					
Rhode Island					
6 Principal Office Address		City	State	Zip	
645 Knotty Oak Rd	Cnotty Oak Rd Cover		RI	02816	
7. Mailing Address of Limite	d Liability Company and Name				
Contact Name Somaly Prak-Martins		Contact Title CEO			
Street Address 645 Knotty Oak Rd		City Coventry	State RI	^{Zip} 02816	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes require	e filing Form 642	
Under penalty of perjury, statements, and that all s	l declare and affirm that I hav tatements contained herein a	e examined this report, includin re true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person			Date		
Somaly Prak-Martins			1-30-2023		
Signature of Authorized Per	son				

FILED 1150
WG FEB 1.5 2023
BY 60WAC

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov