	1
	Rhode IslandFee: \$50.00Secretary of State
	Business Services
	River Street
	RI 02904-2615
(401)	222-3040
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited	
refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
	e or \$23.00.
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001750189</u>	
2. Exact Name of the Limited Liability Company <u>ADVANTIVE LLC</u>	
3. State of Formation	
State: <u>DE</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>513210</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
SOFTWARE - HOSTED SERVICES AND ON PREMISES.	
5. Principal Office Address	
	LEVARD
5. Principal Office Address No. and Street: <u>4221 WEST BOY SCOUT BOU</u>	<u>LEVARD</u> State: <u>FL</u> Zip: <u>33607</u> Country: <u>USA</u>
5. Principal Office Address No. and Street: <u>4221 WEST BOY SCOUT BOU</u> <u>SUITE 390</u>	State: <u>FL</u> Zip: <u>33607</u> Country: <u>USA</u>
5. Principal Office Address No. and Street: <u>4221 WEST BOY SCOUT BOU</u> <u>SUITE 390</u> City or Town: <u>TAMPA</u>	State: <u>FL</u> Zip: <u>33607</u> Country: <u>USA</u>
<ul> <li>5. Principal Office Address</li> <li>No. and Street: <u>4221 WEST BOY SCOUT BOU</u> <u>SUITE 390</u></li> <li>City or Town: <u>TAMPA</u></li> <li>6. Mailing Address of Limited Liability Company</li> </ul>	State: <u>FL</u> Zip: <u>33607</u> Country: <u>USA</u> and Name or Title of Contact Person:
<ul> <li>5. Principal Office Address</li> <li>No. and Street: <u>4221 WEST BOY SCOUT BOU</u> <u>SUITE 390</u></li> <li>City or Town: <u>TAMPA</u></li> <li>6. Mailing Address of Limited Liability Company</li> <li>Contact Name: Contact Title:</li> </ul>	State: <u>FL</u> Zip: <u>33607</u> Country: <u>USA</u> and Name or Title of Contact Person:

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST</u> <u>PROVIDENCE</u>, <u>RI 02914</u>

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 28 Day of March, 2023 at 3:47:26 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>NATHAN CRUZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved