



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

No Fee

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

Limited Liability Company

Statement of Change of Address of the Resident Agent

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

Thrive Therapy Services, LLC

SECTION II

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

61 STELLA ST PROVIDENCE , RI 02909

SECTION III

The NEW address of the resident agent is:

No. and Street: 390 BROADWAY

UNIT 1

City or Town: PROVIDENCE

State: RI

Zip: 02909

SECTION IV

The change of address of the resident agent shall become effective upon the filing of this statement, or on 2/3/2025

(a date not prior to, nor more than 90 days after, filing this Statement)

Signed this 3 Day of February, 2025 at 12:54:37 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 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.*

TIANA OCHOA TEO

Signature of Resident Agent

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