State of Rhode Island Department of State - Business Services	Division	75. 75. 75. 75. 75. 75. 75. 75. 75. 75.
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Fictitious Business Name Statement DOMESTIC or FOREIGN Business Corporation Filling Fee: \$50.00 7-10-11 Pursuant to the provisions of RIGL7-1.2-402, the undersigned	ા business corporation hereby su	ubmits
the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:		
1. Entity ID Number: 2. The name of the Corporation 5 + yve 5	1 4	tems CLC
3. The fictitious business name to be used is:		
Thryve Performance Lab		
The corporation is organized under the laws of:	5. The date of incorporation is	:
Rhode Island	11-29-2024	
6. The address of its registered office within Rhode Island is:		
Street Address 545 Atwood Ave		
City. Granston	State RHODE ISLAND	Zip 02920
7. The business in which it is engaged:		
Physical fitness / wellness facility		
8. Applicant is otherwise authorized to do business in the state of Rhode Island.		
9. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.		
Name of Authorized Officer of the Corporation		Date
Michel Georges		3/3/25

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov RI DOS MADE NON-SUBSTANTIVE EDITS

FILED

AA. 3:51pm

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If you have any questions, please call us at (401) 222-3040, Monday through Friday,

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