s s	State of Rhode Island and Pro Office of the Secreta	
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2019</u>	
1. ID No. <u>001670198</u>		
2. Exact Name of the Limited Liability Company Spaceship1953 LLC		
3. State of Formation		
State: <u>RI</u>		
ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	business conducted by the entity. Download online.
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted in Rhode Island
PART-TIME RIDESHARE BUSINESS		
5. Principal Office Addre	SS	
	<u>EST SHANNOCK ROAD</u> NNOCK	State: <u>RI</u> Zip: <u>02875</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: JASON M POLSKY Contact Title: REGISTERED AGENT		
	<u>OB 292</u> HANNOCK State: <u>RI</u>	Zip: 02875 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	JASON M POLSKY	P.O. BOX 292 SHANNOCK, RI 02875 USA

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

JASON MARK POLSKY 63 WEST SHANNOCK ROAD SHANNOCK , RI 02875

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

Signed this 23 Day of August, 2019 at 3:30:43 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 JASON M POLSKY

Signature of Authorized Person

Form No. 632 Revised 09/07

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