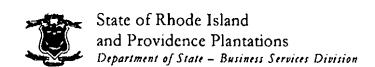
RI SOS Filing Number: 202064877590 Date: 10/8/2020 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2020

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G. L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law
(R.I.G.L. 7-16-66 (b&cl) is subject to a penalty fee of \$25.00

| . ID No. 001682742 | 2. Exact name of the limited liability company Starrship Properties, LLC | | | 3. NAIR 53 | 1312 |
|--|--|-------------------|---|---------------|------------------------|
| 4. Brief description of the character of the business which is actually conducted estate holding | | | cted in Rhode Island | | of Formation Island |
| 6. Principal office address 12 Green Lane | | | <i>City</i> Jamestown | State RI | 2 <i>ip</i> 02835 |
| Contact Name Jennifer N. S | | ILITY COMPANY AND | NAME OR TITLE OF CONTAC Contact Title Manager | T PERSON: | |
| Street Address 12 Green Lane | | | Jamestown | State RI | 02835 |
| Manager Name Jennifer N. Starr Street Address 12 Green Lane | | | Manager Name Street Address | | |
| | | Zip | City | State | Zip |
| City Jamestown | State RI | 02835 | | 1 | 1 |
| City | I - ' ' | 02835 | Manager Name | I | |
| City Jamestown | I - ' ' | 02835 | Manager Name Street Address | I | |
| City Jamestown Manager Name | I - ' ' | 02835 | | State | Zip |
| City Jamestown Manager Name Street Address City | RI | | Street Address | State | Zip |

| FILED | KW |
|-------|----|
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OCT 0 8 2020
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

BY 234

File Daie

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person Date

Jennifer N. Starr, Manager

Print or Type Name of Authorized Person

fr/mm

Form 632 Rev. 08/08