



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2018
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-----------------|--|-------------------------------|------------------------|---------------------|
| 1. Entity ID Number 605283 | | 2. Exact name of the Limited Liability Company BACKCOVE, LLC | | | |
| 3. NAICS Code 332420 | | 4. Brief description of the character of business conducted in Rhode Island purchase and sale of water vessels | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 1 Naushon Avenue, Unit 6 | | | City Warwick | State RI | Zip 02888 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name John D. Biafore | | | Contact Title Attorney | | |
| Street Address 478A Broadway | | | City Providence | State RI | Zip 02909 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Edmund Fuller, III | | | Manager Name | | |
| Street Address 1 Naushon Avenue, Unit 6 | | | Street Address | | |
| City Warwick | State RI | Zip 02888 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642 | | | | | |
| 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. | | | | | |
| Name of Authorized Person Edmund Fuller, III | | | | Date 9-17-18 | |
| Signature of Authorized Person <i>Edmund Fuller III</i> | | | SIGN DOCUMENT HERE | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 SEP 14 2018
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