



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					
<i>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.</i>					
Name of Authorized Person Edmund Fuller, III				Date 9-12-18	
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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