



State of Rhode Island  
**Department of State - Business Services Division**

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Annual Report for the year: 2020  
**Limited Liability Company**

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- 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 000605283		2. Exact name of the Limited Liability Company Backcove, LLC			
3. NAICS Code 541990		4. Brief description of the character of business conducted in Rhode Island Purchase and sale of water vessels			
5. State of Formation RI					
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 Kristine R. Fuller			Contact Title Manager		
Street Address 1 Naushon Avenue, Unit 6		City Warwick	State RI	Zip 02888	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Peter Kelleher		Manager Name Kristine R. Fuller			
Street Address 1 Naushon Avenue, Unit 6		Street Address 1 Naushon Avenue, Unit 6			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person Peter Kelleher				Date 6/9/21	
Signature of Authorized Person 					

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

**FILED**

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