



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>143410</b>		2. Exact name of the limited liability company <b>M.C.A. Construction, LLC</b>				
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Construction and Remodeling Business</b>				
5. Principal office address <b>75 Mt. Pleasant Avenue</b>		City <b>Prudence Island</b>	State <b>RI</b>	Zip <b>02872</b>		
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>						
Contact Name <b>Colin McLellan</b>		Contact Title <b>Manager</b>				
Street Address <b>PO Box 222</b>		City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>		
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>						
Manager Name <b>Colin McLellan</b>		Manager Name				
Street Address <b>PO Box 222</b>		Street Address				
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	RECEIVED SECRETARY OF STATE CORPORATIONS DIV. 2015 SEP 21 PM 12:58	
Manager Name		Manager Name				
Street Address		Street Address				
City	State	Zip	City	State		
City		City				
State		State				
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

**FILED** *ca*

SEP 21 2015

BY *ca 256716*

File Date \_\_\_\_\_

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]*

Signature of Authorized Person

09/15/2015

Date

**Colin McLellan**

Print or Type Name of Authorized Person