



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. 928636		2. Exact name of the limited liability company MAC GROUP LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island DEVELOPER			
5. Principal office address PO BOX 290 TOURTELOT HILL RD		City Chepachet	State RI	Zip 02814	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TERRY CLARK		Contact Title MANAGER			
Street Address 290 TOURTELOT HILL RD.		City Chepachet	State RI	Zip 02814	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name TERRY CLARK		Manager Name			
Street Address 290 TOURTELOT HILL RD.		Street Address			
City Chepachet	State RI	Zip 02814	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 08 2015

BY 3857

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.

Terry Clark
Signature of Authorized Person

9-8-15
Date

TERRY CLARK
Print or Type Name of Authorized Person