



**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. <u>000972415</u>		2. Exact name of the limited liability company <u>MA3 LLC / DBA Unimark</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Construction</u>			
5. Principal office address <u>881 MAIN ST</u>		City <u>PAWUCKET</u>		State <u>RI</u>	Zip <u>02860</u>
6. CONTACT INFORMATION (IF APPLICABLE) - IF APPLICABLE, LIST THE NAMES OF ALL CONTACT PERSONS					
Contact Name <u>Michael J. Ricci Jr</u>		Contact Title <u>OWNER</u>			
Street Address <u>881 MAIN ST</u>		City <u>PAWUCKET</u>		State <u>RI</u>	Zip <u>02860</u>
7. IF APPLICABLE, LIST THE NAMES OF ALL MEMBERS OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE, DO NOT LIST MEMBERS.					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT INFORMATION (IF APPLICABLE) - IF APPLICABLE, LIST THE NAMES OF ALL RESIDENTS.					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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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 of Authorized Person

Date

Print or Type Name of Authorized Person

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By 270364