



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

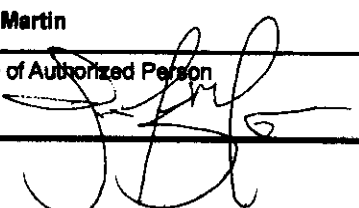
**Annual Report for the year: 2016**

**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<br><b>1658603</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>Marc USA, LLC</b>                                    |                              |                       |                     |
| 3. NAICS Code<br><b>81 - Other Services (except)</b>                                                                                                                                                        |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Digital Advertising</b> |                              |                       |                     |
| 5. State of Formation<br><b>PA</b>                                                                                                                                                                          |       |                                                                                                           |                              |                       |                     |
| 6. Principal Office Address<br><b>813 Ridge Lake Blvd.</b>                                                                                                                                                  |       |                                                                                                           | City<br><b>Memphis</b>       | State<br><b>TN</b>    | Zip<br><b>38120</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                           |                              |                       |                     |
| Contact Name <b>Jeff Presley</b>                                                                                                                                                                            |       |                                                                                                           | Contact Title <b>Officer</b> |                       |                     |
| Street Address <b>813 Ridge Lake Blvd</b>                                                                                                                                                                   |       |                                                                                                           | City <b>Memphis</b>          | State <b>TN</b>       | Zip <b>38120</b>    |
| 8. List ALL managers (names and addresses) 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                 |
| 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<br><b>Brennon Martin</b>                                                                                                                                                          |       |                                                                                                           |                              | Date<br><b>5/1/17</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                           |                              | 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

**FILED**

**MAY 08 2017**

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