FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     R. Randall Rollins Voting Trust U/A dated     August 25, 1004		2. Date of Event I Statement Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol MARINE PRODUCTS CORP [ MPX ]								
August 25, 1994			08/03/2020		Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Last) C/O RFA MAN 1908 CLIFF VA					Director Officer (give title below)	X	10% Owner Other (spec below)		6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One			
(Street) ATLANTA	GA	30329									Reporting Pe	erson
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					t of Securities Ily Owned (Instr. 4)	:			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, \$.10 Par Value						79		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ite	3. Title and Amount of Securitie Underlying Derivative Security					rcise Form: Direct		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	1 Title			Amount or Number of Shares	Deriva Securi	ative	(D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ The R. Randall Rollins Voting
Trust U/A dated August 25,
1994, By: Amy R. Kreisler,

08/10/2020

<u>Trustee</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).