



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

SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
Corporation

2018 JAN -9 AM 11:51

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 157903		2. Exact name of the Corporation M-1 Corporation		
3. Principal Office Address 900 South Ave. Suite 200		City Staten Island	State NY	Zip 10314
4. Business Phone Number 718-370-6765		5. State of Incorporation Maryland		
6. Brief description of the character of business conducted in Rhode Island Security Guard Services 561612				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Vincent Carrabba		Vice-President Name Brandon Carrabba		
Street Address 117 So. Railroad St.		Street Address 117 So. Railroad St.		
City Staten Island	State NY	Zip 10312	City Staten Island	State NY
Secretary Name Brandon Carrabba		Treasurer Name Brandon Carrabba		
Street Address 117 So. Railroad St.		Street Address 117 So. Railroad St.		
City Staten Island	State NY	Zip 10312	City Staten Island	State NY
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Vincent Carrabba		Director Name Brandon Carrabba		
Street Address 117 So. Railroad St.		Street Address 117 So. Railroad St.		
City Staten Island	State NY	Zip 10312	City Staten Island	State NY
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		10000	Common	.001
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.				
Name of Authorized Representative Brandon Carrabba			Date 1/3/18	
Signature of Authorized Representative SIGN DOCUMENT HERE				

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY **322851**
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