



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2017
 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-I 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 | Zip 10312 |
| 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 | Zip 10312 |
| 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 | Zip 10312 |
| 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 SIGNATURE 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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