State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

2018 JAN -9 AM 11:51

Annual Report for the year: 2017

Corporation

→ 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	2. Exact name of the Corporation			
157903	M-I Corporation			
3. Principal Office Address		City	State	Zip
900 South Ave. Suite 200		Staten Island	NY	10314
4. Business Phone Number		5. State of Incorporation		
718-370-6765		Maryland		

6. Brief description of the character of business conducted in Rhode Island: Security Guard Services 561610

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Vincent Carrabba	117 So. Railroad St.	Staten Island	NY	10312

Vice-President Name	Street Address	City	State	Zip
Brandon Carrabba	117 So. Railroad St.	Staten Island	NY	10312

Secretary Name	Street Address	City	State	Zip
Brandon Carrabba	117 So. Railroad St.	Staten Island	NY	10312

Treasurer Name	Street Address	City	State	Zip
Brandon Carrabba	117 So. Railroad St.	Staten Island	NY	10312

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Vincent Carrabba	117 So. Railroad St	Staten Island	NY	10312

Director Name	Street Address	City	State	Zip
Brandon Carrabba	117 So. Railroad St.	Staten Island	NY	10312

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
Brandon Carrabba	1/3/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

JAN 29 2018

BY 322851

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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