



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

Annual Report for the year: 2016
Corporation

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

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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 ☐			
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	City Staten Island	State NY
Zip 10312		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	City Staten Island	State NY
Zip 10312		Zip 10312	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
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	City Staten Island	State NY
Zip 10312		Zip 10312	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
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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FORM 630 Revised: 05/2016