



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


Annual Report for the year: 2011

**Corporation**

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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2018 JAN -9 AM 11:50

1. Entity ID Number <b>157903</b>		2. Exact name of the Corporation <b>M-1 Corporation</b>	
3. Principal Office Address <b>900 South Ave. Suite 200</b>		City <b>Staten Island</b>	State <b>NY</b>
		Zip <b>10314</b>	
4. Business Phone Number <b>718-370-6765</b>		5. State of Incorporation <b>Maryland</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Security Guard Services</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Vincent Carrabba</b>		Vice-President Name <b>Brandon Carrabba</b>	
Street Address <b>117 So. Railroad St.</b>		Street Address <b>117 So. Railroad St.</b>	
City <b>Staten Island</b>	State <b>NY</b>	City <b>Staten Island</b>	State <b>NY</b>
Zip <b>10312</b>		Zip <b>10312</b>	
Secretary Name <b>Brandon Carrabba</b>		Treasurer Name <b>Brandon Carrabba</b>	
Street Address <b>117 So. Railroad St.</b>		Street Address <b>117 So. Railroad St.</b>	
City <b>Staten Island</b>	State <b>NY</b>	City <b>Staten Island</b>	State <b>NY</b>
Zip <b>10312</b>		Zip <b>10312</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Vincent Carrabba</b>		Director Name <b>Brandon Carrabba</b>	
Street Address <b>117 So. Railroad St.</b>		Street Address <b>117 So. Railroad St.</b>	
City <b>Staten Island</b>	State <b>NY</b>	City <b>Staten Island</b>	State <b>NY</b>
Zip <b>10312</b>		Zip <b>10312</b>	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>10000</b>	<b>Common</b>
			<b>.001</b>
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 <b>Brandon Carrabba</b>		Date <b>1/3/18</b>	
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

2018 JAN 29 AM 10:03

JAN 29 2018

BY **322851**  
**A.A. 10:00 A.M.**

FORM 630 - Revised: 05/2016