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

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Annual Report for the year: 2009
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 561612				

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

President Name	Vice-President Name
Vincent Carrabba	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 ☐

Director Name	Director Name
Vincent Carrabba	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

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: Brandon Carrabba
Date: 1/3/18
Signature of Authorized Representative: SIGN DOCUMENT HERE

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FILED
JAN 29 2018
BY 302851
A.A. 10.04 AM

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

FORM 630 - Revised: 05/2016