RI SOS Filing Number: 202189349400 Date: 2/1/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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			
1002874	PRESTIGE SERVICES CORP			
3. Principal Office Address		City	State	Zip
660 WHITE PLAINS Rd., 2nd fl		TARRYTOWN	NY	10591
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524292	ADMINISTRATIVE SERVICES			
5. State of Incorporation				
DELAWARE				

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

President Name	Vice-President Name
RONALD M. LOMBARDI	
Street Address	Street Address
660 White Plains Rd., 2nd fl	
City / State / Zip	City / State / Zip
TARRYTOWN / NY / 10591	
Secretary Name	Treasurer Name
William P'POOL	CHRISTINE SACCO
Street Address	Street Address
660 White Plains Rd., 2nd fl	660 WHITE PLAINS Rd., 2nd fl
City / State / Zip	City / State / Zip
TARRYTOWN / NY / 10591	TARRYTOWN / NY / 10591

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

Director Name	Director Name
RONALD M. LOMBARDI	
Street Address	Street Address
660 WHITE PLAINS Rd., 2nd fl	
City / State / Zip	City / State / Zip
TARRYTOWN / NY / 10591	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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
100	COMMON STOCK	$0.01

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
William P'POOL	1-4-2021

Signature of Authorized Representative

FILED

FEB 0 1 2021 KM

BY 90068

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: 08/2020