



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 <u>1002874</u>		2. Exact name of the Corporation <u>PRESTIGE SERVICES CORP</u>			
3. Principal Office Address <u>660 WHITE PLAINS Rd., 2nd Fl</u>			City <u>TARRYTOWN</u>	State <u>NY</u>	Zip <u>10591</u>
4. NAICS Code <u>524292</u>		6. Brief description of the character of business conducted in Rhode Island <u>ADMINISTRATIVE SERVICES</u>			
5. State of Incorporation <u>DELAWARE</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>RONALD M. LOMBARDI</u>			Vice-President Name		
Street Address <u>660 White Plains Rd., 2nd Fl</u>			Street Address		
City <u>TARRYTOWN</u>	State <u>NY</u>	Zip <u>10591</u>	City	State	Zip
Secretary Name <u>William P'POOL</u>			Treasurer Name <u>CHRISTINE SACCO</u>		
Street Address <u>660 White Plains Rd., 2nd Fl</u>			Street Address <u>660 WHITE PLAINS Rd., 2nd Fl</u>		
City <u>TARRYTOWN</u>	State <u>NY</u>	Zip <u>10591</u>	City <u>TARRYTOWN</u>	State <u>NY</u>	Zip <u>10591</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>RONALD M. LOMBARDI</u>			Director Name		
Street Address <u>660 WHITE PLAINS Rd., 2nd Fl</u>			Street Address		
City <u>TARRYTOWN</u>	State <u>NY</u>	Zip <u>10591</u>	City	State	Zip
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		
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 <u>William P'POOL</u>					Date <u>1-4-2021</u>
Signature of Authorized Representative 					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020