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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 4 2021
BY 1015

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
001713978	PRESTIGE ABA THERAPY SERVICES, INC.

3. Principal Office Address	City	State	Zip
855 WATERMAN AVENUE UNIT D	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621340	USE OF APPLIED ANALYSIS AND THERAPY TO INCREASE LANGUAGE AND COMMUNICATION SKILLS, IMPROVE ATTENTION FOCUS SOCIAL
5. State of Incorporation: RI	

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

President Name	Vice-President Name
COURTNEY LANGELLO	COURTNEY LANGELLO
Street Address: 855 WATERMAN AVENUE UNIT D	Street Address: 855 WATERMAN AVENUE UNIT D
City: EAST PROVIDENCE, State: RI, Zip: 02914	City: EAST PROVIDENCE, State: RI, Zip: 02914
Secretary Name	**Treasurer Name**
COURTNEY LANGELLO	COURTNEY LANGELLO
Street Address: 855 WATERMAN AVENUE UNIT D	Street Address: 855 WATERMAN AVENUE UNIT D
City: EAST PROVIDENCE, State: RI, Zip: 02914	City: EAST PROVIDENCE, State: RI, Zip: 02914

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

Director Name	Director Name
N/A	N/A
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:
Director Name	**Director Name**
N/A	N/A
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	CWP	$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
COURTNEY LANGELLO	05/25/21

Signature of Authorized Representative

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