



State of Rhode Island
Department of State - Business Services Division

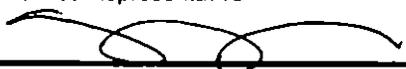
FILED

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 001713978		2. Exact name of the Corporation PRESTIGE ABA THERAPY SERVICES, INC.			
3. Principal Office Address 855 WATERMAN AVENUE UNIT D		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 621340	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name COURTNEY LANGELLO			Vice-President Name 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 COURTNEY LANGELLO			Treasurer Name 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 <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name 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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		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 COURTNEY LANGELLO				Date 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