



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
APR 24 2024
BY 1443

1. Entity ID Number 001713978	2. Exact name of the Corporation Prestige ABA Therapy Services, Inc.
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3. Principal Office Address 855 Waterman Avenue, Unit D	City East Providence	State RI	Zip 02914
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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 communicative skills, improve focus and social skills
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Courtney Langello			Vice-President Name None		
Street Address 855 Waterman Avenue, Unit D			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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 None			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	Common	\$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, President	Date April 15, 2024
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Signature of Authorized Representative
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov