

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

FIELD 

FEB 18 2025

BY 11005 

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				
5. State of Incorporation RI	ABA THERAPY SERVICES				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name COURTNEY A LANGELO			Vice-President Name COURTNEY A LANGELO		
Street Address 2461 PAWTUCKET AVE			Street Address 2461 PAWTUCKET AVE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name COURTNEY A LANGELO			Treasurer Name COURTNEY A LANGELO		
Street Address 2461 PAWTUCKET AVE			Street Address 2461 PAWTUCKET AVE		
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		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		CNP	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 2-13-2025
Signature of Authorized Representative COURTNEY A LANGELO					

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov