



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 143879		2. Name of Corporation NURSING PLACEMENT MANAGEMENT SERVICES, INC.			
3. Street Address Principal Business Office 334 EAST AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-728-6500		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MANAGEMENT SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARIA BARROS			Vice President Name MICHAEL BIGNEY		
Street Address 60 CAPWELL AVENUE			Street Address 10 LINDEN DRIVE		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02906
Secretary Name MARIA BARROS			Treasurer Name MICHAEL BIGNEY		
Street Address 60 CAPWELL AVENUE			Street Address 10 LINDEN DRIVE		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARIA BARROS			Director Name MICHAEL BIGNEY		
Street Address 60 CAPWELL AVENUE			Street Address 10 LINDEN DRIVE		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	COMMON	NO PAR	2000	COMMON	NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

FILED
File Date
Check No. JAN 23 2008
By: 14736
FOR SECRETARY OF STATE USE ONLY

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.

Signature: Michael Bigney
Date: 1/17/08
MICHAEL BIGNEY
Print or Type Name
V. PRES.
Title