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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
143879	NURSING PLACEMENT MANAGEMENT SERVICES, INC.		
3. Principal office address: 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	COMMON	NO PAR

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.

01/13/2016
Signature of Authorized Representative — Date

MICHAEL BIGNEY
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 19 2016
BY 44749

Form No. 630
Revised: 01/2012
131346-84-1101762