



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. 18389		2. Exact name of the Corporation Nursing Placement, 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 Home Health Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <input type="checkbox"/>					
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	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.

File Date

FILED

Check No

By:

JAN 19 2016

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.

Michael Bigney
Signature of Authorized Representative

01/08/2016

Date

Michael Bigney

Print or Type Name of Authorized Representative

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