

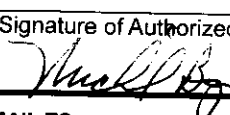


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**

**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

<b>1. Entity ID Number</b> <b>101191</b>		<b>2. Exact name of the Corporation</b> <b>Nursing Placement Home Health Care Services, Inc.</b>		
<b>3. Principal Office Address</b> <b>334 East Avenue</b>		<b>City</b> <b>Pawtucket,</b>	<b>State</b> <b>RI</b>	<b>Zip</b> <b>02860</b>
<b>4. NAICS Code</b> <b>62 - Health Care and Social As</b>	<b>6. Brief description of the character of business conducted in Rhode Island</b> <b>Home Health Agency</b>			
<b>5. State of Incorporation</b> <b>Rhode Island</b>				
<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
<b>President Name</b> <b>Michael Bigney</b>		<b>Vice-President Name</b> <b>Michael Bigney</b>		
<b>Street Address</b> <b>10 Linden Drive</b>		<b>Street Address</b> <b>10 Linden Drive</b>		
<b>City</b> <b>Providence,</b>	<b>State</b> <b>RI</b>	<b>Zip</b> <b>02906</b>	<b>City</b> <b>Providence,</b>	<b>State</b> <b>RI</b>
<b>Secretary Name</b> <b>Michael Bigney</b>		<b>Treasurer Name</b> <b>Michael Bigney</b>		
<b>Street Address</b> <b>10 Linden Drive</b>		<b>Street Address</b> <b>10 Linden Drive</b>		
<b>City</b> <b>Providence,</b>	<b>State</b> <b>RI</b>	<b>Zip</b> <b>02906</b>	<b>City</b> <b>Providence,</b>	<b>State</b> <b>RI</b>
<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
<b>Director Name</b> <b>Michael Bigney</b>		<b>Director Name</b>		
<b>Street Address</b> <b>10 Linden Drive</b>		<b>Street Address</b>		
<b>City</b> <b>Providence,</b>	<b>State</b> <b>RI</b>	<b>Zip</b> <b>02906</b>	<b>City</b>	<b>State</b>
<b>Director Name</b>		<b>Director Name</b>		
<b>Street Address</b>		<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>
<b>9. Shares Authorized</b> <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>		<b>10. Shares Issued</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		<b>NUMBER OF SHARES</b> <b>600</b>	<b>CLASS/SERIES</b> <b>Common</b>	<b>PAR VALUE</b> <b>\$ 1.00</b>
<b>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.</b> <b>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.</b>				
<b>Name of Authorized Representative</b> <b>Michael Bigney</b>		<b>Date</b> <b>1/17/2017</b>		
<b>Signature of Authorized Representative</b> 		<b>FILED</b> <b>JAN 19 2017</b> <b>BY 45583</b>		

**MAIL TO:**  
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**Website:** www.sos.ri.gov