



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.

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

MAIL TO:
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