



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000150969

**2. Name of Corporation** PRN Health Services, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 1101 E. SOUTH RIVER ST.

City or Town: APPLETON

State: WI

Zip: 54915

Country: USA

**4. Business Phone No.**

9207889071

**5. State of Incorporation**

State: WI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

812990

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TEMPORARY HELP, HEALTHCARE INDUSTRY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	SCOTT R VANDENHEUVEL	415 W. LINCOLN AVE. LITTLE CHUTE, WI 54140 USA
PRESIDENT	PETER H HICTPAS	1217 SUNRISE

		LITTLE CHUTE, WI 54140- USA
VICE PRESIDENT	PATRICK J HIETPAS	2429 W. MAIN ST. LITTLE CHUTE, WI 54911 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	9,000.00	90

**9. 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.**

**Signed this 19 Day of December, 2017 at 4:20:23 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SCOTT R. VANDEN HEUVEL  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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