



State of Rhode Island and Providence Plantations

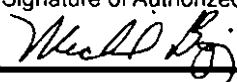
Department of State - Business Services Division

Annual Report for the year: **2019**
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 000101191		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 621610		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 1/11/2019
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					