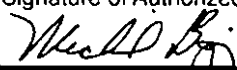




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		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		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 16 2019
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