



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.

**FILED**

JAN 16 2019

BY

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1 Entity ID Number <b>000143879</b>		2 Exact name of the Corporation <b>Nursing Placement Management Services, Inc.</b>			
3 Principal Office Address <b>334 East Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4 NAICS Code <b>541618</b>		6 Brief description of the character of business conducted in Rhode Island <b>Management Services</b>			
5 State of Incorporation <b>Rhode Island</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Bigney</b>			Vice-President Name <b>Stephanie Ryan</b>		
Street Address <b>10 Linden Drive</b>			Street Address <b>1 Strathmore Place</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Stephanie Ryan</b>			Treasurer Name <b>Michael Bigney</b>		
Street Address <b>1 Strathmore Place</b>			Street Address <b>10 Linden Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael Bigney</b>			Director Name <b>Stephanie Ryan</b>		
Street Address <b>10 Linden Drive</b>			Street Address <b>1 Strathmore Place</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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>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>					
Name of Authorized Representative <b>Michael Bigney</b>				Date <b>1/11/2019</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	