State of Rhode Island
Department of State - Business Services Division

STAMP
OCT 25 2021
CV 5624

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
001691986	**Nursing Placement Transportation Services LLC**
3. NAICS Code 621610	4. Brief description of the character of business conducted in Rhode Island Health Care Services
5. State of Formation Rhode Island	

6. Principal Office Address	City	State	Zip
334 East Avenue	Pawtucket	RI	02860

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title			
Michael Bigney	Operating Manager			
Street Address	**City**	**State**	**Zip**	
334 East Avenue	Pawtucket	RI	02860	

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Michael Bigney					
Street Address			**Street Address**		
334 East Avenue					
City	**State**	**Zip**	**City**	**State**	**Zip**
Pawtucket	RI	02860			
Manager Name			**Manager Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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 Person	Date
Michael Bigney	10/22/2021

Signature of Authorized Person

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