RI SOS Filing Number: 202328540200 Date: 2/10/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

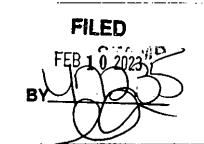
Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 2. Exact name of the Corporation								
000101191 Nursing Placement Home Health Care Services, Inc.								
3. Principal Office Address	•	City		State	Zip			
588 Pawtucket Avenue		Pawtucke	et	RI	02860			
4. NAICS Code	6. Brief descr	iption of the charact	er of business c	onducted in Rhode Is	land			
621610 Home Health Agency								
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and ad	dresses)			Check t	he box to ir	ndicate an attachment 🔲		
President Name Michael Bigney		Vice-President Name Michael Bigney						
Street Address 10 Linden Drive)		Street Address 10 Linden Drive					
^{City} Providence	State RI	^{Z₁p} 02906	City Provid	^y Providence		^{Zip} 02906		
Secretary Name Michael Bigner	. •	Treasurer Name Michael Bigney						
Street Address 10 Linden Drive	Street Address 10 Linden Drive							
City Providence State R		^{Zip} 02906	City Providence		State RI	^{Zip} 02906		
8. List ALL directors (names and a	ddresses)	1		Check t	the box to i	ndicate an attachment		
Director Name Michael Bigney	Director Name							
Street Address 10 Linden Drive	Street Address							
City Providence	State RI	^{Zip} 02906	City		State	Zıp		
Director Name		Director Name						
Street Address	Street Address							
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Issu	sued Che		eck the box to indicate an attachment			
This information is currently of reco	NUMBER OF SHARES		CLASS/SERIES					
Department of State.	600		Common		\$1.00			
Changes require an additional filing								
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 decla	re and affirm t	hat I have examine	ed this report, i		panying s	chedules and		
statements, and that all statements contained herein are true and correct.								
Name of Authorized Representative Michael Bigney						Date 1/4/2023		
Signature of Authorized Representative Wood Bar								
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov