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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
FEB 22 2024
BY 80802

1. Entity ID Number	2. Exact name of the Corporation
000018389	Nursing Placement, Inc.

3. Principal Office Address	City	State	Zip
588 Pawtucket Avenue	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621610	Home Health Agency
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Michael Bigney	10 Linden Drive	Providence	RI	02906

Vice-President Name	Street Address	City	State	Zip
Stephanie Ryan	1 Strathmore Place	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
Stephanie Ryan	1 Strathmore Place	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
Michael Bigney	10 Linden Drive	Providence	RI	02906

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Michael Bigney	10 Linden Drive	Providence	RI	02906

Director Name	Street Address	City	State	Zip
Stephanie Ryan	1 Strathmore Place	Cranston	RI	02920

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	No Par

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	Date
Michael Bigney	1/6/2024

Signature of Authorized Representative

Michael Bigney

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

FORM 630- Revised 12/2023