



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

53774 DS

1. Entity ID Number 000143879		2. Exact name of the Corporation Nursing Placement Management Services, Inc.			
3. Principal Office Address 588 Pawtucket Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island Management Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael Bigney			Vice-President Name Stephanie Ryan		
Street Address 10 Linden Drive			Street Address 1 Strathmore Place		
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02920
Secretary Name Stephanie Ryan			Treasurer Name Michael Bigney		
Street Address 1 Strathmore Place			Street Address 10 Linden Drive		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael Bigney			Director Name Stephanie Ryan		
Street Address 10 Linden Drive			Street Address 1 Strathmore Place		
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			2000	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 Michael Bigney					Date 1/6/2024
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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