



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 22 2024

BY 1243
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1. Entity ID Number 000081388		2. Exact name of the Corporation The Nursing Placement Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To enrich lives through the provision of educational resources, community service and the granting of wishes for individuals with life-threatening conditions			
4. NAICS Code 813211					
6. Principal Office Address 588 Pawtucket Avenue			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephanie Ryan			Vice-President Name Craig Devoe		
Street Address 1 Strathmore Place			Street Address 15 Drown Road		
City Cranston	State RI	Zip 02920	City Pomfret Center	State CT	Zip 06259
Secretary Name Yvette Monroe			Treasurer Name Michael Bigney		
Street Address 68 Railroad Row			Street Address 10 Linden Drive		
City Warwick	State RI	Zip 02886	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephanie Ryan			Director Name Craig Devoe		
Street Address 1 Strathmore Place			Street Address 15 Drown Road		
City Cranston	State RI	Zip 02920	City Pomfret Center	State RI	Zip 06259
Director Name Maria Barros			Director Name Michael Bigney		
Street Address 100 Wayland Avenue Apt # 15			Street Address 10 Linden Drive		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Michael Bigney				Date 1/8/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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