

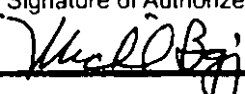


**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Limited Liability Company

- 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 31999
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|--|--|--|--------------------|
| 1. Entity ID Number 001671311 | | 2. Exact name of the Limited Liability Company Nursing Placement Hospice & Palliative Care, LLC | |
| 3. NAICS Code 621610 | | 4. Brief description of the character of business conducted in Rhode Island Hospice & Palliative Care Services | |
| 5. State of Formation Rhode Island | | | |
| 6. Principal Office Address 588 Pawtucket Avenue | | City Pawtucket | State RI |
| | | Zip 02860 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Michael Bigney | | Contact Title Member | |
| Street Address 588 Pawtucket Avenue | | City Pawtucket | State RI |
| | | Zip 02860 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. <i>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> | | | |
| Name of Authorized Person Michael Bigney | | Date 1/6/2024 | |
| Signature of Authorized Person  | | | |

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