RI SOS Filing Number: 202564809190 Date: 2/14/2025 9:13:00 AM

State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001689217

2. Name of Corporation NursesMC

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
611110

4. Principal Office Address

No. and Street: 150 WASHINGTON STREET
4TH FLOOR
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSES FOR WHICH THE CORPORATION EXISTS ARE TO ADVANCE EDUCATION BY FACILITATING AND SUPPORTING THE ESTABLISHMENT, OPERATION, AND/OR MANAGEMENT OF NOT-FOR-PROFIT EDUCATIONAL INSTITUTIONS, INCLUDING PUBLIC SCHOOLS, PUBLIC CHARTER SCHOOLS, AND NONPUBLIC SCHOOLS WITH A FOCUS ON PREPARING STUDENTS TO DEVELOP THE SKILLS, KNOWLEDGE, AND PASSION NECESSARY TO EXCEL IN THE NURSING AND ALLIED HEALTH PROFESSIONS. THE CORPORATION MAY PROVIDE SERVICES

TO SUCH SCHOOLS AND THEIR RESPECTIVE STAFF AND STUDENTS, AS WELL AS ENTER INTO MANAGEMENT AGREEMENTS WITH CERTAIN CHARTER SCHOOLS PURSUANT TO MANAGEMENT. THE CORPORATION SHALL BE AT ALL TIMES OPERATED IN ACCORDANCE WITH AND FOR THE EDUCATIONAL, SCIENTIFIC, AND CHARITABLE PURPOSES PROVIDED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANISATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANGELA PATTERSON	200 EXCHANGE STREET, UNIT 1413 PROVIDENCE, RI 02903 USA
CEO	PAMELA MCCUE	45 KINGSTON LANE NARRAGANSETT, RI 02882 USA
DIRECTOR	ANGELA PATTERSON	200 EXCHANGE STREET UNIT 1413 PROVIDENCE, RI 02903 USA
DIRECTOR	CHARLES ALEXANDRE	86 THIRD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	RITA NERNEY	125 PROVIDENCE STREET, UNIT S409 WEST WARWICK, RI 02893 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MATTHEW R. PLAIN, ESQ. BARTON GILMAN LLP ONE FINANCIAL PLAZA, 18TH FLOOR PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of February, 2025 at 9:15:25 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is*

that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By /S/ MATTHEW R. PLAIN
Signature of Authorized Person

Form No. 631
Revised 09/07