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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY

Annual Report for the year: 2025
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
000101191	Nursing Placement Home Health Care Services, 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	Vice-President Name
Michael Bigney	Michael Bigney
Street Address: 10 Linden Drive	Street Address: 10 Linden Drive
City: Providence, State: RI, Zip: 02906	City: Providence, State: RI, Zip: 02906
Secretary Name: Michael Bigney	Treasurer Name: Michael Bigney
Street Address: 10 Linden Drive	Street Address: 10 Linden Drive
City: Providence, State: RI, Zip: 02906	City: Providence, State: RI, Zip: 02906

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

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

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	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	1/27/2025

Signature of Authorized Representative

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