

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

AUTHORIZED SHARES

Number of Shares

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3040

AMENDED

REPORT FOR THE YEAR PROFIT CORPORATION ANN Filing Perlod: January 1-March 1 . (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Giulio G. Diamante, MD 3. Street Address Principal Business Office State ZIp 02903 Providence RI 110 Lockwood Street 6. SIC Code 4. Business Phone No. S. State of Incorporation 9217 401-521-3606 RI 7. Brief Description of the Character of Business Conducted in Rhode Island Eye Physician & Surgeon 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name , Vice President Name Street Address Street Address City City State Zip State Zip Treasurer Name Secretary Name (new officer) Lynda A. Diamante Street Address 91 Cumberland Street City State City State Zip 02908 Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Zip City State City State Zio Director Name Director Name Street Address Street Address Zip City City State State 2.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUITE) SHARES

Number of Shares

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1/	PAID KIN	Under penalty of perjury, this report, including any that all statements consti
ile Date:	SECUTION NOCE	Stratue of Officer
	RY OF STATE USE ONLY	Print or Type Name of Officer PLOS deNo
J.CALIA	OI JIIII OVI VIIII	Title of Officer

Par Value

I declare and affirm that I have examined y accompanying schedules and statements, and ined herein are true and correct.

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value