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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 100641		2. Exact name of the Corporation Giulio G. Diamante, MD. Inc.			
3. Principal Office Address 1277 Hartford Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Ophthalmology Practice and Eyewear Dispensary.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Giulio G. Diamante, MD			Vice-President Name None		
Street Address 28 Sage Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Giulio G. Diamante, MD			Treasurer Name Lynda Diamante		
Street Address 28 Sage Drive			Street Address 28 Sage Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Giulio G. Diamante, MD			Director Name		
Street Address 28 Sage Drive			Street Address		
City Cranston	State RI	Zip 02921	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VA. UE		
			NONE		
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 Giulio G. Diamante, MD					Date 1/27/2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov