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## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1,2-402</u>, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a <u>fictitious business name</u>:

1. Entity ID Number:	2. The name of the Corpo	2. The name of the Corporation is:		
100641	Giulio G. Diamante, MD, Inc.			
3. The fictitious business	name to be used is:		<del></del>	
SurgiHealth				
4. The corporation is organized under the laws of:		5. The date of incorporation is:		
Rhode Island		5/20/98		
6. The address of its regis	stered office within Rhode Islan	nd is:		
Street Address 78 Kenwood	Street			
City Cranston		State RHODE ISLAND	Zip 02907	
7. The business in which				
Ophthalmology Practice and	Eyewear Dispensary			
8. Applicant is otherwise a	outhorized to do business in the	e state of Rhode Island.	<del></del>	
Under penalty of perjury, information contained her	declare and affirm that I have ein is true and correct.	examined this Fictitious Busines	s Name Statement and that the	
Name of Authorized Office	er of the Corporation		Date	
Giulio G. Diamante			ələ4ləoə i	
Signature of Authorized O	fficer of the Corporation			
Had It Deared	ñ			
	<u> </u>			

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

March 05, 2021 09:40 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

