

## **Fictitious Business Name Statement**

DOMESTIC or FORE	GN Business Corporation	1	
→ Filing Fee: \$50.00			AH 9: 40
Pursuant to the provisions he following statement for ictitious business name:	of RIGL <u>7-1,2-402</u> , the unders authority to transact business	igned business corporation hereby in the state of Rhode Island under	Jubilita
1. Entity ID Number:	2. The name of the Corpo	oration is:	
100641	Giulio G. Diamante, MD, Ir	nc.	
3. The fictitious business	name to be used is:		
SurgiHealth RI			
4. The corporation is orga	nized 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			
8. Applicant is otherwise a	authorized to do business in the	e state of Rhode Island.	
Under penalty of perjury, information contained her	declare and affirm that I have ein is true and correct.	examined this Fictitious Business	Name Statement and that the
Name of Authorized Officer of the Corporation			Date
Giulio G. Diamante			2/26/2021
Signature of Authorized O	fficer of the Corporation		
1/10			

MAIL TO
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**Division of Business Services** 

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

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

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.