

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

he following statement for a ictitious business name:	outhority to transact business	igned business corporation hereby in the state of Rhode Island under	r a
1. Entity ID Number:	2. The name of the Corporation is:		
100641	Giulio G. Diamante, MD, Inc.		
3. The fictitious business na	ame to be used is:		
SurgiHealth Rhode Island			
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 registe	ered office within Rhode Islan	d is:	-
Street Address 78 Kenwood St	rect		
City		State	Zip
Cranston		RHODE ISLAND	02907
7. The business in which it			-
Ophthalmology Practice and E	Eyewear Dispensary		
8. Applicant is otherwise au	thorized to do business in the	e state of Rhode Island.	
Under penalty of perjury, I c information contained herei	declare and affirm that I have n is true and correct.	examined this Fictitious Business	Name Statement and that the
Name of Authorized Officer	of the Corporation		Date
Giulio G. Diamante			ələ6 lə0a 1
Signature of Authorized Offi	icer of the Corporation	<u> </u>	
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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

