



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 09 2022

By

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|---|-------------|--|--|-------------------|--|
| 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 62 | | 6. Brief description of the character of business conducted in Rhode Island Ophthalmology practice and eye wear dispensary. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Giulio G. Diamante, M.D. | | | 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, M.D. | | | Treasurer Name Giulio G. Diamante, M.D. | | |
| 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, M.D. | | | 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 | | | |
| This information is currently of record in the Department of State. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Changes require an additional filing. | | NUMBER OF SHARES 1000 | CLASS/SERIES Common | PAR VALUE 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, M.D. | | | | | Date 2/20/22 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov