



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 *[Signature]*

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 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 VALUE
			1000	Common	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 2/00/22
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov