

## RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2023 APR 10 PM 3: 00

## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

1. Entity ID Number	2. Exact Name of the	2. Exact Name of the Corporation  Giulio G. Diamante MD, Inc.		
100641	Giulio G. Diaman			
3. The address of the reg	gistered office as PRESENT	FLY shown in the records on file with t	he RI Department of State:	
Street Address 78 Kenwo	od Street			
City/Town Cranston		State RHODE ISLAND	Zip 02907	
4. The name of the regis	tered agent as PRESENTL	Y shown in the records on file with the	RI Department of State:	
John S. DiBona				
5. The address of the NE	EW registered office is:			
Street Address ( <u>NOT</u> a P.O	. Box) 1277 Hartford Avenue	e		
City/Town Johnston		State RHODE ISLAND	<sup>Zip</sup> 02919	
	I registered agent is:	•		
6. The name of the <b>NEW</b>	registered agent is.			
<ol><li>6. The name of the <b>NEW</b></li><li>Giulio G. Diamante</li></ol>	registered agent is.			
Giulio G. Diamante		ed Agent will be effective: CHECK ON	E BOX ONLY	
	nent of Change of Registere	ed Agent will be effective: CHECK ON	E BOX ONLY	
Giulio G. Diamante  7. Date when this Staten  Date received (Upo	nent of Change of Registere on filing)	ed Agent will be effective: <b>CHECK ON</b> in 30 days from the date of filing)	E BOX ONLY	
Giulio G. Diamante  7. Date when this Staten  Date received (Upo  Later effective date  Under penalty of perjury,	nent of Change of Registere on filing) (Date must be no more tha	n 30 days from the date of filing)		
Giulio G. Diamante  7. Date when this Staten  Date received (Upo  Later effective date  Under penalty of perjury,	nent of Change of Registere on filing) (Date must be no more that I declare and affirm that I h statements contained here	n 30 days from the date of filing)		
Giulio G. Diamante  7. Date when this Staten  Date received (Upo  Later effective date  Under penalty of perjury, Corporation, and that all	nent of Change of Registere on filing) (Date must be no more that I declare and affirm that I h statements contained here	n 30 days from the date of filing)	nge of Registered Agent by the	

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 APR 1 0 2023

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