



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 APR 10 PM 3:00

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 621111		6. Brief description of the character of business conducted in Rhode Island Ophthalmology practice and eyewear 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, MD			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, MD			Treasurer Name Giulio G. Diamante, MD			
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, MD			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, MD					Date 3/27/2023	
Signature of Authorized Representative 					FILED APR 10 2023	

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

BY: R 82ANI