



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000756850

**2. Name of Corporation** Optum Clinical Services, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 9900 BREN ROAD EAST

City or Town: MINNETONKA

State: MN

Zip: 55343

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

ARRANGE FOR AND DELVIERY OF HEALTH CARE SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	MICHAEL JOHN DIOGUARDI	1331 17TH STREET, SUITE 1100 DENVER, CO 80202 USA
CEO	THOMAS K. ZIESMANN	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
ASSISTANT SECRETARY	MICHELLE MARIE HUNTLEY	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
DIRECTOR	THOMAS K. ZIESMANN	9900 BREN ROAD EAST

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	10,000.00	100

**9. 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.**

**Signed this 30 Day of January, 2014 at 9:11:15 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MANDELINE HENDRICKS

Signature of Authorized Representative of the Corporation

POA

Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07