



**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: 2017**

**1. Corporate ID No. 000105518**

**2. Name of Corporation Ovations, Inc.**

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

No. and Street: UNITEDHEALTH GROUP CENTER  
9900 BREN ROAD EAST

City or Town: MINNETONKA State: MN Zip: 55343 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81

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

HOLDING COMPANY

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

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

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | TIMOTHY JOHN NOEL                              | 9800 HEALTH CARE LANE<br>MINNETONKA, MN 55343 USA          |

|           |                         |   |
|-----------|-------------------------|---|
| TREASURER | ROBERT WORTH OBERRENDER | 9900 BREN ROAD EAST<br>MINNETONKA, MN 55343 USA   |
| SECRETARY | KRISTINE MARIE WEIKEL   | 9900 HEALTH CARE LANE<br>MINNETONKA, MN 55343 USA |
| DIRECTOR  | JOHN LAWRENCE LARSEN    | 9800 HEALTH CARE LANE<br>MINNETONKA, MN 55343 USA |
| DIRECTOR  | TIMOTHY JOHN NOEL       | 9800 HEALTH CARE LANE<br>MINNETONKA, MN 55343 USA |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CWP            |                 | \$0.0100            | 1,000.00   | 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 27 Day of January, 2017 at 12:18:12 PM. 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 KELLY LETTMANN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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