RI SOS Filing Number: 201990717750 Date: 4/19/2019 12:28:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 Amended

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

2019 APR 19 PM 12: 28

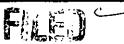
| Entity ID Number | | 2. Exact name of the Corporation | | | | | |
|--|------------------------|---|------------------------------------|---|----------------------|------------------------|--|
| 000159173 | | Optum Public Sector Solutions, Inc. | | | | | |
| 3. Principal Office Address | | | City | City State Zip | | Žip | |
| 3160 Fairview Park Drive, Suite 600 | | | Falls Chu | ırch | VA | 22042 | |
| 4. VAICS Code | 6. Brief desc | 6. Brief description of the character of business conducted in Rhode Island | | | | | |
| 621999 | Provide ac | Provide access to healthcare technology | | | | | |
| 5. State of Incorporation | | | | | | | |
| DE | | | | | | | |
| 7. List ALL officers (names a | and addresses) | · | | Ch | eck the box to indi | cate an attachment | |
| President Name LEE DON VA | Vice-President Name | | | | | | |
| Street Address 11000 OPTUR | Street Address | | | | | | |
| City EDEN PRAIRIE | State MN | ^{Zip} 55344 | City | | State | Zlp | |
| Secretary Name ELIZABETH ANN SODERBERG | | | Treesurer Name PETER MARSHALL GILL | | | | |
| Street Address 11000 OPTUM CIRCLE MN101-E013 | | | Street Address 9900 BREN ROAD EAST | | | | |
| City EDEN PRAIRIE | State MN | ^{Zlp} 55344 | City MINNETONKA | | State MN | ^{Zip} 55343 | |
| 8. List ALL directors (names | and addresses) | | | | eck the box to indi | cate an attachment | |
| Director Name LEE DON VALENTA | | | Director Nar | Director Name JOHN C. SANTELL! | | | |
| Stree! Address 11000 OPTUM CIRCLE | | | Street Address 9900 BREN ROAD EAST | | | | |
| City EDEN PRAIRIE | State MN | Zip 55344 | Olly MINNETONKA | | State MN | Zip 55343 | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| 9. Shares Authorized | | 10. Shares Iss | | ued Check the box to indicate an attachment | | | |
| This Information is currently of record in the | | | F SHARES | CLASS/SER'ES PAR VALUE | | | |
| Department of State. | | 1,000.00 | 1,000.00 | | \$ | \$0.0100 | |
| Changes require an additiona | l filing. | <u> </u> | | <u> </u> | | | |
| 11. This report must be exec | cuted on behalf of the | corporation by an | authorized repr | esentative. If the co | orperation is in the | hands of a receiver or | |
| trustee, this report must be e | | | | | | | |
| Under penalty of perjury, I statements, and that all sta | | | | , including any ac | companying scne | idules and | |
| Name of Authorized Representative | | | | | Date | | |
| Heather A. Lang | | | | April 9, 2019 | | | |
| Signature of Authorized Rep | resentative | | 7 | | | | |
| | 1/16 | 1/2) | THE LATER | (lt. | | | |
| | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Wobsite: www.sos.ri.gov



APR 1 9 2019

FORM 630 - Revised: 10/2017

BY ON 12:28

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 19, 2019 12:28 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

