



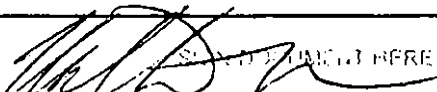
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 APR 19 PM 12:28

1. Entity ID Number 000159173		2. Exact name of the Corporation Optum Public Sector Solutions, Inc.			
3. Principal Office Address 3160 Fairview Park Drive, Suite 600		City Falls Church		State VA	Zip 22042
4. NAICS Code 621999	6. Brief description of the character of business conducted in Rhode Island Provide access to healthcare technology				
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEE DON VALENTA			Vice-President Name		
Street Address 11000 OPTUM CIRCLE			Street Address		
City EDEN PRAIRIE	State MN	Zip 55344	City	State	Zip
Secretary Name ELIZABETH ANN SODERBERG			Treasurer Name PETER MARSHALL GILL		
Street Address 11000 OPTUM CIRCLE MN101-E013			Street Address 9900 BREN ROAD EAST		
City EDEN PRAIRIE	State MN	Zip 55344	City MINNETONKA	State MN	Zip 55343
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LEE DON VALENTA			Director Name JOHN C. SANTELLI		
Street Address 11000 OPTUM CIRCLE			Street Address 9900 BREN ROAD EAST		
City EDEN PRAIRIE	State MN	Zip 55344	City MINNETONKA	State MN	Zip 55343
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000.00	CWP	\$0.0100	
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 Heather A. Lang				Date April 9, 2019	
Signature of Authorized Representative 					

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 19 2019

FORM 630 - Revised: 10/2017

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