



**State of Rhode Island  
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:** 2021

**1. Corporate ID No.** 000959375

**2. Name of Corporation** Golden Outlook, Inc.

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

No. and Street: 5995 PLAZA DRIVE

City or Town: CYPRESS

State: CA

Zip: 90630

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: CA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541613

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

GOLDEN OUTLOOK IS A FIELD MARKETING ORGANIZATION THAT CONTRACTS WITH PAYERS TO SELL MEDICARE PLANS TO ELIGIBLE BENEFICIARIES. GOLDEN OUTLOOK CAME TO US AS PART OF A LARGER ACO ACQUISITION IN THE OPTUM CARE SPACE.

**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
PRESIDENT	DONALD MICHAEL KARP	5995 PLAZA DRIVE

		CYPRESS, CA 90630 USA
TREASURER	PETER MARSHALL GILL	5995 PLAZA DRIVE CYPRESS, CA 90630 USA
SECRETARY	RICHARD CHARLES SULLIVAN	5995 PLAZA DRIVE CYPRESS, CA 90630 USA
DIRECTOR	PATRICK FRANCIS CARR	5995 PLAZA DRIVE CYPRESS, CA 90630 USA
DIRECTOR	JOHN FREDERICK FRANK	5995 PLAZA DRIVE CYPRESS, CA 90630 USA
DIRECTOR	DONALD MICHAEL KARP	5995 PLAZA DRIVE CYPRESS, CA 90630 USA

### 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>
CNP		\$0.0000	100,000.00	2000

**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 21 Day of February, 2021 at 3:24:56 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 KELLY LETTMANN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved