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Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
FOREIGN NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

FILE DATE _____

RECEIPT NO _____

Clear Form

Telephone # _____

1. Corporate Name and Mailing Address:

Search for Corporate ID, Name and Agent

2. The jurisdiction under whose law it is formed _____

3. The address of the principal executive office (business address).

Street Address | City | State | ZIP+4

Mailing Address | City | State | ZIP+4

Email Address

4. The name of the South Dakota Registered Agent _____

Street Address or Rural Route Box Number in This State and | City | State | ZIP+4

Mailing Address in This State, if Different from Street Address | City | State | ZIP+4

Email Address

5. The names and addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐ President | Street Address | City | State | ZIP+4

☐ Vice President | Street Address | City | State | ZIP+4

☐ Secretary | Street Address | City | State | ZIP+4

☐ Treasurer | Street Address | City | State | ZIP+4

☐ Director | Street Address | City | State | ZIP+4

☐ Director | Street Address | City | State | ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to $40 will be assessed for returned payments.