

Enter Filing Year
 Secretary of State Office
 500 E Capitol Ave
 Pierre, SD 57501
 (605) 773-4845
corpinfo@state.sd.us

ANNUAL REPORT

FOREIGN NONPROFIT CORPORATION

SDCL 47-27-18, 59-11-24 to 26

FILING FEE:

\$10 Make check payable to SECRETARY OF STATE

1. Business ID and Name:

Business ID

Business Name

2. The jurisdiction under whose law it is formed _____

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

Actual Street Address	City	State	ZIP+4
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Mailing Address, if Different from Street Address	City	State	ZIP+4
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 Email Address (Optional)

4. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name: _____

Actual Street Address in this State	City	State	ZIP+4
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Mailing Address in this State, if Different from Street Address	City	State	ZIP+4
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 Email Address (Optional)

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name	CRA#
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(c) Title of the office or other position with the business: _____

Business Office's Actual Street Address in this State	City	State	ZIP+4
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Mailing Address in this State, if Different from Street Address	City	State	ZIP+4
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 Email Address (Optional)

5. The names and addresses of its principal officers and directors (governors).

Principal Officer/Director/Governor	Actual Street Address	City	State	ZIP+4
Principal Officer/Director/Governor	Actual Street Address	City	State	ZIP+4
Principal Officer/Director/Governor	Actual Street Address	City	State	ZIP+4
Principal Officer/Director/Governor	Actual Street Address	City	State	ZIP+4

6. Beneficial Interest *(optional)*

Owner	Description of Ownership	Percentage/Value
Owner	Description of Ownership	Percentage/Value

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name