

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

ANNUAL REPORT

DOMESTIC NONPROFIT CORPORATION

SDCL 47-24-6, 59-11-24

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 South Dakota

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). South Dakota Law requires at least three directors.

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