



John Thurston, Arkansas Secretary of State
**COOPERATIVE ASSOCIATION/
 CORPORATION ANNUAL REPORT 2024**
 For the year ending 12/31/2023

Filing Number: _____

Pursuant to A.C.A. § 4-30-114
 (PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

1. Name of the Corporation: _____

2. Jurisdiction under which the corporation is incorporated: _____

3. Agent for Service of Process: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

4. Principal Office Street Address: _____

City: _____ State: _____ Zip: _____

Principal Office Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Email Address: _____

5. Names of Principal Officers:

_____	_____
_____	_____
_____	_____

6. The total number of authorized shares, itemized by class and series, if any, within each class:

7. The total number of issued and outstanding shares, itemized by class and series, if any, within each class:

8. Please include the names of stockholders and amount of stock owned by each and submit it with this annual report:

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this _____ day of _____, _____
(Day) (Month) (Year)

 Authorizing Officer
 (Type or Print in Black Ink)

 Signature of Authorizing Officer
 (Sign in Black Ink)

_____ **Business and Commercial Services Division** _____

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