



John Thurston, Arkansas Secretary of State
LIMITED PARTNERSHIP ANNUAL REPORT 2022

Filing Number: \_\_\_\_\_

Report Due May 1

(PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

The undersigned, pursuant to A.C.A. § 4-47-210, sets forth the following:

Domestic Foreign

1. Name of the Limited Partnership: \_\_\_\_\_

2. Street Address (Designated Office in Arkansas): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address (Designated Office in Arkansas, if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Agent for Service of Process: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Tax Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. If a Foreign Limited Partnership:

Principal Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Office Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Jurisdiction under which entity was formed: \_\_\_\_\_

Fictitious Name or Alternate Name used in Arkansas: \_\_\_\_\_

6. List of Partners:

General Partner/Partner: \_\_\_\_\_

General Partner/Partner: \_\_\_\_\_

General Partner/Partner: \_\_\_\_\_

Tax Preparer: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Authorizing Officer
(Type or Print in Black Ink)

Signature of Authorizing Officer
(Sign in Black Ink)

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