



John Thurston, Arkansas Secretary of State  
**COOPERATIVE ASSOCIATION/  
 CORPORATION ANNUAL REPORT 2019**  
 For the year ending 12/31/2018

**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** \_\_\_\_\_

1401 W. Capitol, Suite 250, Little Rock, Arkansas 72201-1094  
 Phone: 501-682-3409 or Toll Free: 888-233-0325

Email: [arsos@sos.arkansas.gov](mailto:arsos@sos.arkansas.gov) • Website: [www.sos.arkansas.gov](http://www.sos.arkansas.gov)