



# Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201  
501-682-3409 • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

## 2022 ANNUAL REPORT FOR NONPROFIT CORPORATION

Report Due August 1<sup>st</sup>

Pursuant to A.C.A. § 4-33-131

**File Online Today at [www.sos.arkansas.gov](http://www.sos.arkansas.gov)**

1. Name of the Nonprofit Corporation: \_\_\_\_\_

2. Jurisdiction of incorporation (State or foreign country) under whose laws the corporation was incorporated : \_\_\_\_\_

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

Address for Registered Agent, **MUST** be a physical address in the State of Arkansas: \_\_\_\_\_

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

E-mail (optional): \_\_\_\_\_ Phone (optional): \_\_\_\_\_

4. Address for Corporation's Principal Office: \_\_\_\_\_

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

E-mail (optional): \_\_\_\_\_ Phone (optional): \_\_\_\_\_

5. Names of Principal Officers: \_\_\_\_\_ Addresses of Principal Officers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Names of Board of Directors (minimum of 3 persons): \_\_\_\_\_ Addresses of Board of Directors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Include any additional officers or directors on page 2, if needed.

7. Annual Report Contact Name and Address (if different than above): \_\_\_\_\_

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

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

8. Is this entity registered with the IRS as an exempt organization? (optional) \_\_\_\_\_

If yes, what type of exemption status is held? (optional) \_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature and Title of Authorized Director or Officer

\_\_\_\_\_  
Printed Name and Title of Authorized Director or Officer

Rev. 12/24



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Please list any additional Principal Officers or Board of Directors below:

**5. Names of Principal Officers:**

**Addresses of Principal Officers:**

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**6. Names of Board of Directors:**

**Addresses of Board of Directors:**

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