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ANNUAL REPORT

Domestic Business Corporation
SDCL 59-11-24, 24.1

Secretary of State
500 E. Capitol Ave
Pierre, SD 57501-5070
(605) 773-4845

2019
FILING YEAR

Please Type or Print Clearly in Ink
Please submit one Original
Make payable to the SECRETARY OF STATE

Filing Fee: \$50
SOC (Agent) Fee: \$10
Total Fee: \$60

1. Business ID and Name:

DB057629
BUSINESS ID

ARP FARMS, INC.
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

**14268 406TH AVE
CONDE, SD 57434-7212**

Mailing Address

**14268 406TH AVE
CONDE, SD 57434-7212**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name **KARI A. BARTLING**

Actual Street Address in this State

**102 N MAIN STREET
GROTON, SD 57445**

Mailing Address in this State

**PO BOX 467
GROTON, SD 57445**

5. The names and business addresses of its principal officers.

Title	Name	Address
President	ALLAN KROLL	14268 406TH AVE, CONDE, SD, 57434
Secretary	ALLAN KROLL	14268 406TH AVE, CONDE, SD, 57434
Treasurer	ALLAN KROLL	14268 406TH AVE, CONDE, SD, 57434
Vice President	RONALD KROLL	203 N 4TH STREET, GROTON, SD, 57445

6. The names and business addresses of its directors (governors).

Name	Address

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

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 47-1A-129; 22-39-36).



02/22/2019

Dated

Email (Optional)

KARI A BARTLING

Signature of an Authorized Person

KARI A BARTLING

Printed Name

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