



531033270

ANNUAL REPORT

Domestic Limited Liability Company
SDCL 47-34A-211; 59-11-24, 24.1

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

2020
FILING YEAR

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

Filing Fee: \$50
Total Fee: \$50

1. Business ID and Name:

DL149298
BUSINESS ID

RASD, LLC
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

**C/O SOUTH DAKOTA TRUST COMPANY, LLC
4020 JACKSON BLVD., SUITE 3
RAPID CITY, SD 57702**

Mailing Address

**C/O SOUTH DAKOTA TRUST COMPANY, LLC
4020 JACKSON BLVD., SUITE 3
RAPID CITY, SD 57702**

4. The South Dakota Registered Agent's Name:

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

(b) The South Dakota Commercial Registered Agent's name & CRA#

CRA: **SOUTH DAKOTA TRUST COMPANY LLC (0000053)**

Actual Street Address in this State

**201 S PHILLIPS AVE # 200
SIOUX FALLS, SD 57104**

Mailing Address in this State

5. If the LLC is manager-managed, list the names and addresses of its Managers. SDCL 59-11-24. If the LLC is member-managed, this section may be left blank.

Name

Address

Rabiel Amirian

142 Joralemon street, brooklyn, ny 11201

6. 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.

Name

Address

natalie maroof

100 barclay street, 22A

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

B0144-3978 06/19/2020 8:25AM Rec'd by SD SOS



06/19/2020

Dated

Email (Optional)

rabi el amirian

Signature of an Authorized Person

rabi el amirian

Printed Name

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