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B0148-6264 09/14/2020 10:18AM Rec'd by SD SOS

ANNUAL REPORT

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

Domestic Nonprofit Corporation
SDCL 47-24-6, 59-11-24

Filing Fee: \$10

Total Fee: \$10

2020
FILING YEAR

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

1. Business ID and Name:

NS005429
BUSINESS ID

CHAMBERLAIN SENIOR CITIZENS
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

219 N MAIN
CHAMBERLAIN, SD 57325-1240

Mailing Address

219 N MAIN
CHAMBERLAIN, SD 57325

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.

(c) Title of the office or other position with the company

Title: **President**

Actual Street Address in this State

219 N MAIN
CHAMBERLAIN, SD 57325

Mailing Address in this State

219 N MAIN
CHAMBERLAIN, SD 57325

5. The names and addresses of its principal officers.

Title	Name	Address
	Senior Center	219 N MAIN, Chamberlain, SD 57325
	Senior Center	219 N MAIN Chamberlain, SD 57325

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

Name	Address
Karen Andera	219 N MAIN, Chamberlain, SD 57325
Wilma Schaffer	219 N MAIN Chamberlain, SD 57325
Jim Adamson	219 N MAIN Chamberlain, SD 57325

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).

9-12-2020
Dated

Email (Optional)

Karen Andera
Signature of an Authorized Person
Karen Andera
Printed Name

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