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# ANNUAL REPORT

Domestic Business Corporation  
SDCL 59-11-24, 24.1

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

**2017**  
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
<b>Total Fee: \$60</b>

1. Business ID and Name:

**DB044292**  
BUSINESS ID

**RPW CORP.**  
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  
**333 WEST BOULEVARD  
SUITE 305  
RAPID CITY, SD 57701**

Mailing Address  
**333 WEST BOULEVARD  
SUITE 305  
RAPID CITY, SD 57701**

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 TODD WILES

Actual Street Address in this State

**333 WEST BOULEVARD SUITE 305  
RAPID CITY, SD 57701**

Mailing Address in this State

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

Title	Name	Address
	<b>North Point Trust Company</b>	<b>333 West Boulevard, Suite 305, Rapid City, SD 57701</b>

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

Name	Address
<b>AMY E WESTPHAL</b>	<b>804 BACA STREET, SANTA FE, NM, 87505</b>
<b>AMY E WESTPHAL</b>	<b>804 BACA STREET, SANTA FE, NM, 87505</b>
<b>North Point Trust Company</b>	<b>333 West Boulevard, Suite 305, Rapid City, SD 57701</b>

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.



08/29/2017

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*Todd Wiles*

\_\_\_\_\_  
Signature of an Authorized Person

Todd Wiles

\_\_\_\_\_  
Printed Name

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