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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

**2021**  
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:

**DB009155**  
BUSINESS ID

**HOUSING OPPORTUNITIES, 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

**112 W MAIN  
PO BOX 216  
IRENE, SD 57037**

Mailing Address

**PO BOX 216  
IRENE, SD 57037**

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 **JACQUELINE NELSON**

Actual Street Address in this State

**112 W MAIN  
IRENE, SD 57037-0216**

Mailing Address in this State

**PO BOX 216  
IRENE, SD 57037-0216**

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

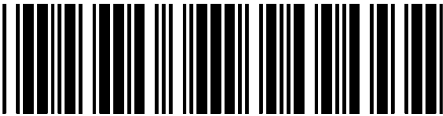
Title	Name	Address
President	Marsha Skogen	PO Box 216, 112 W Main, Irene, SD 57037
Vice President	Melanie Stein	427 40th Ave Lane NW, Rochester, MN 55901
Treasurer	Lisa Bruns	2923 N Oak Rd, Brandon, SD 57005

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

Name	Address
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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).



10/05/2021

Dated

Email (Optional)

*Marsha skogen*

Signature of an Authorized Person

Marsha skogen

Printed Name

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