



530980031

B0134-3647 03/31/2020 2:30PM Rec'd by SD SOS

# 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

**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:

**DF020451**  
BUSINESS ID

**S & M 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  
**28207 474TH AVENUE**  
**CANTON, SD 57013**

Mailing Address  
**28207 474TH AVENUE**  
**CANTON, SD 57013**

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 STEVEN L. BECK

Actual Street Address in this State  
**28207 474TH AVENUE**  
**CANTON, SD 57013-5713**

Mailing Address in this State

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

Title	Name	Address
President	STEVEN L BECK	28207 474TH AVE, CANTON, SD, 57013
Secretary	STEVEN L BECK	28207 474TH AVE, CANTON, SD, 57013
Treasurer	STEVEN L BECK	28207 474TH AVE, CANTON, SD, 57013

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).



03/31/2020

\_\_\_\_\_  
Dated

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

*Phillip O Peterson*

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

Phillip O Peterson

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

B0134-3648 03/31/2020 2:30PM Rec'd by SD SOS