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B0169-4611 02/12/2021 4:36PM 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

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:

DB060788
BUSINESS ID

RFD Newspapers, 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

**207 KASAN AVE
VOLGA, SD 57071**

Mailing Address

**PO BOX 18
VOLGA, SD 57071-0018**

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 **KENNETH REISTE**

Actual Street Address in this State

**416 3RD AVE S
CLEAR LAKE, SD 57226**

Mailing Address in this State

**PO BOX 830
CLEAR LAEK, SD 57226-0830**

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

| Title | Name | Address |
|------------------|-------------------|--|
| President | Ken Reiste | 804 Golf View Drive, PO Box 830, Clear Lake, SD 57226 |

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).



02/12/2021

Dated

Email (Optional)

Brandi Johnson

Signature of an Authorized Person

Brandi Johnson

Printed Name

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