



**** See [Instructions](#) to calculate your required filing fee for this report. ****

FORM **5** Mandatory

**Nonstock Corporation &
Limited Liability Company
Annual Report**

Data in this report becomes public and
might be used for purposes other than for
which it was originally collected.

Required under Chs. [181.1622](#) & [183.0120](#) Wis. Stats.

1 Name of Entity: _____

2 Formed under the laws of: Wisconsin _____

3 Name of the registered agent and registered office address:

Name:	Address:		
	City:	State:	Zip:

4 Principal office address:

	Address:		
	City:	State:	Zip:

5 Name, title and business address of each director, principal officer, manager and/or member: (attach additional pages as needed)

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	City:	State:	Zip:

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	City:	State:	Zip:

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	City:	State:	Zip:

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	City:	State:	Zip:

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Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	City:	State:	Zip:

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	City:	State:	Zip:

6 Does the entity have members? Yes No

7 Please provide a brief description of the nature of business: _____

8 Has the entity entered into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of trade or commerce? Yes No

Title: Officer Incorporator Fiduciary
 Member Manager Attorney-in-fact

Printed Name: _____

Signature: _____

Date: _____

Mailing Address:
State of WI-Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

[Form 5 Instructions](#)



OFFICE USE ONLY