



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

FORM **12** Mandatory

**Service/Service Close Corporation
Annual Report**

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

Required under sec. [180.1921](#), Wis. Stats.

1 Name of Entity:

2 Name and email of the registered agent and registered office address:

Name:	Address:		
	City:	State:	Zip:

(Optional) Registered Agent Email:

3 Principal office address:

Address:			
City:	State:	Zip:	

4 Name, title and mailing address of each director, principal officer, and shareholder (attach additional pages as needed)

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

5 I certify that the entity has not entered into any contract, combination (in the form of a trust or otherwise), or conspiracy in restraint of trade or commerce.

I further certify that, with the exceptions permitted in ss. [180.1903\(1m\)](#) and [180.1913](#), Wis. Stats., each shareholder, director, and officer is licensed, certified, registered, or otherwise legally authorized to render the same professional or other personal service in this state or is a health care professional.

Officer Incorporator (if no directors) Fiduciary

Printed Name: _____

Signature: _____

Date: _____

[Form 12 Instructions](#)

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