



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

FORM **16** Mandatory

**Domestic Business 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. [180.1622](#), Wis. Stats.

1 Name of Entity: _____

2 Nature of Business: _____

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

Name:	Address:		
	City:	State:	Zip:

Required Registered Agent Email: _____

4 Principal office address: _____

Address:	
City:	State: Zip:

5 Name, title and business address of each director and principal officer (attach additional pages as needed)

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

<input type="checkbox"/> Director <input type="checkbox"/> Officer	City:	State:	Zip:
--	-------	--------	------

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

Name:	Address:		
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<input type="checkbox"/> Director <input type="checkbox"/> Officer	City:	State:	Zip:
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Name:	Address:		
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<input type="checkbox"/> Director <input type="checkbox"/> Officer	City:	State:	Zip:
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6 Enter the information for all authorized shares (attach additional pages as needed):

Class	Series (if any)	Number of Shares Authorized	Number of Shares Issued	Number of Shares Outstanding
Common				
Preferred				

7 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.

Officer Incorporator (if no directors) Fiduciary

Printed Name: _____

Signature: _____

Date: _____

[Form 16 Instructions](#)

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