



FORM **16CO-OP** Mandatory

**Wisconsin Domestic Cooperative  
Annual Report**

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

Entity ID # \_\_\_\_\_ Required under sec. [185.48](#), Wis. Stats.

**1** Name of entity: \_\_\_\_\_

**2** Principal office address: \_\_\_\_\_

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

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

**4** Please provide a brief description of the nature of business: \_\_\_\_\_

**5** Enter the information for all authorized shares (attach additional pages as needed):

Class	Par Value	Number of Shares Authorized	Number of Shares Issued

**6** Execution:

Printed Name: \_\_\_\_\_  Officer  General Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Domestic Cooperative

### Annual Report

Required under s. [185.48](#) Wis. Stats.

## INFORMATION AND INSTRUCTIONS

This form is mandatory and must be used to file the REQUIRED ANNUAL REPORT for a Domestic Cooperative. Failure to file this report may result in involuntary dissolution under s. [185.72](#), Wis. Stats.

Please complete each section, answering ALL questions. IF SOMETHING IS LEFT BLANK THE REPORT WILL BE REJECTED AND RETURNED. If the answer to any question is "NONE", please enter the word "NONE". Be sure the report is signed, dated and includes a check payable to the Department of Financial Institutions for the appropriate filing fee.

**NONREFUNDABLE FILING FEE:** The fee is \$15.00 for the current year. If the annual report is submitted after the due date, but the entity is not in bad standing, the fee is \$26.00.

If the entity is in bad standing, it must pay the \$26.00 late filing fee plus \$15.00 for each annual report that has been missed. You may verify the status of the entity at [www.dfi.wi.gov](http://www.dfi.wi.gov) by clicking on 'Business Services' and then 'Business Entity Search'. If the entity is in bad standing, you must include fees for the year prior to the 'in bad standing' date to the current year. Make remittance payable to the Department of Financial Institutions.

### INSTRUCTIONS:

1. Enter the name of the entity, as it appears on the records of the Department.
2. Enter the address of the entity's principal office.
3. Provide the name and business address of each director and each principal officer of the entity. Unless the entity's articles of incorporation provide otherwise, its "principal officers" include a president, one or more vice presidents as specified in the bylaws, a secretary, and a treasurer. You may attach additional pages.
4. Provide a brief description of the general type of business that the entity engaged in during the 12 months preceding the date of this report.
5. Specify the amount of stock, organized by class, that the entity has authority to issue (set forth on the Articles of Incorporation, or any amendments thereto), as well the number of shares of each class that have been issued to date and their par value.
6. This document must be signed by a general manager or principal officer of the entity.

This form is required to accomplish a filing with the Department. Once filed, this report becomes a public document and information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.