



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

FORM **5** Mandatory

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

Required under sec. [181.0214](#) or
[183.0212](#), Wis. Stats.

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

1 Name of Entity: _____

2 Formed under the laws of: Wisconsin _____

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 Limited Liability Company:

If management is vested in managers, provide the name of at least one manager. If management is vested in members, provide the name of at least one member

Name:	Name:
<input type="checkbox"/> Manager OR <input type="checkbox"/> Member	<input type="checkbox"/> Manager OR <input type="checkbox"/> Member

Nonstock Corporation:

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

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

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

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

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

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

Printed Name: _____

Title: _____

Signature: _____

Date: _____

[Form 5 Instructions](#)

Mailing Address:

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