



State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

**FILING FEE \$ 25.00**

OPTIONAL EXPEDITED  
SERVICE

+ \$25.00

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

FORM **616** Mandatory

**Domestic Limited Liability Partnership  
Annual Report**

Entity ID #

Required under sec. [178.0913](#) Wis. Stats.

**1** Name of Entity:

**2** Registered Agent Name/Registered Office Address

**3** Principal Office Address:

**4** Registered Agent Email Address:

**5** Name of at least one **Partner** (attach additional pages as needed.)

Partner:

Partner:

Partner:

Partner:

Partner:

Partner:

Printed Name:

Title:

Signature:

Date:

**Mailing Address:**

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

**Domestic Limited Liability Partnership  
Annual Report**

**INFORMATION AND INSTRUCTIONS**  
FOR ANNUAL REPORT REQUIRED UNDER SEC. [178.0913](#), WIS. STATS.

This form is mandatory and must be used to file the REQUIRED ANNUAL REPORT for a Domestic Limited Liability Partnership. Failure to file this report may provide grounds for administrative revocation under sec. [178.09031](#), Wis. Stats.

The report must be filed during the calendar year quarter in which the anniversary date of the incorporation/organization occurs. If the entity is Delinquent, an additional \$25.00 is owed for each year the entity has been in that status.

**Domestic Entity Annual Due Dates**

<b>Incorporation Date</b>	<b>Annual Due Date</b>
January 1 <sup>st</sup> thru March 31 <sup>st</sup>	March 31 <sup>st</sup>
April 1 <sup>st</sup> thru June 30 <sup>th</sup>	June 30 <sup>th</sup>
July 1 <sup>st</sup> thru September 30 <sup>th</sup>	September 30 <sup>th</sup>
October 1 <sup>st</sup> thru December 31 <sup>st</sup>	December 31 <sup>st</sup>

Complete each section. IF SOMETHING IS LEFT BLANK THE REPORT WILL BE REJECTED AND RETURNED. Be sure the report is signed and dated, and include a check payable to the Department of Financial Institutions for the appropriate filing fee.

**INSTRUCTIONS:**

1. Enter the name of the entity.
2. Provide the name of the registered agent and registered office address. The registered office must be the business office of the registered agent, and the registered office address must be a physical location in Wisconsin with a street address (not merely a P.O. Box or mailbox service). Each entity must continuously maintain in this state a registered office and registered agent with an email address. The entity may not act as its own registered agent.
3. Provide the address of the entity's principal executive office. If this information has changed, please white out or line out the existing information and enter the new information.
4. Provide the email address of the entity's registered agent. Annual report forms, notices and other official communications are directed to the corporation's registered agent, so it is important to keep this information current.
5. Provide the name of at least one partner of the entity.

**Execution.** This document must be signed by a person authorized by the entity.

**NONREFUNDABLE FILING FEE:** Make remittance payable to the [Department of Financial Institutions](#).

**Optional expedited service:** The nonrefundable expedited service is available for **\$25.00 additional**.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at [DFICorporations@dfi.wisconsin.gov](mailto:DFICorporations@dfi.wisconsin.gov).