



# SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## ORGANIZATION AND FIRST REPORT STOCK OR NON-STOCK CORPORATIONS

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		<b>FILING FEE: \$150</b>	
NAME:		<b>EXCEPTION: \$50.00 FILING FEE FOR NONSTOCK (NONPROFIT) CORPORATIONS. MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</b>	
ADDRESS:			
CITY:			
STATE:	ZIP:		
<b>1. NAME OF CORPORATION:</b>			
<b>2. DATE OF ORGANIZATION MEETING:</b>			
<b>3. ADDRESS OF PRINCIPAL OFFICE:</b> (P.O.BOX UNACCEPTABLE)			
ADDRESS:			
CITY:			
STATE:	ZIP:		
<b>4. MAILING ADDRESS</b> (IF OTHER THAN PRINCIPAL OFFICE ADDRESS):			
ADDRESS:			
CITY:			
STATE:	ZIP:		
<b>5. OFFICERS:</b>			
<b>A. OFFICER'S NAME:</b>		<b>TITLE:</b>	
<b>RESIDENCE ADDRESS:</b> (P.O.BOX UNACCEPTABLE)		<b>BUSINESS ADDRESS:</b> (P.O.BOX UNACCEPTABLE)	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:

<b>B. OFFICER'S NAME:</b>		<b>TITLE:</b>	
<b>RESIDENCE ADDRESS:</b> <i>(P.O.BOX UNACCEPTABLE)</i>		<b>BUSINESS ADDRESS:</b> <i>(P.O.BOX UNACCEPTABLE)</i>	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:

<b>C. OFFICER'S NAME:</b>		<b>TITLE:</b>	
<b>RESIDENCE ADDRESS:</b> <i>(P.O.BOX UNACCEPTABLE)</i>		<b>BUSINESS ADDRESS:</b> <i>(P.O.BOX UNACCEPTABLE)</i>	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:

**6. DIRECTORS:**

<b>A. DIRECTOR'S NAME:</b>			
<b>RESIDENCE ADDRESS:</b> <i>(P.O.BOX UNACCEPTABLE)</i>		<b>BUSINESS ADDRESS:</b> <i>(P.O.BOX UNACCEPTABLE)</i>	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:

<b>B. DIRECTOR'S NAME:</b>			
<b>RESIDENCE ADDRESS:</b> <i>(P.O.BOX UNACCEPTABLE)</i>		<b>BUSINESS ADDRESS:</b> <i>(P.O.BOX UNACCEPTABLE)</i>	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:

**7. ELECTRONIC MAIL (EMAIL) ADDRESS:**

**8. EXECUTION:**

**DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_**

NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

## INSTRUCTIONS FOR COMPLETION OF THE ORGANIZATION REPORT CORPORATION

### Instructions correspond with numbered entries on the form

1. NAME OF CORPORATION: Please provide the complete name of the corporation as it currently appears on the records of the Secretary of the State.
2. DATE OF ORGANIZATION MEETING: Please provide the month, day and year on which the organization meeting took place.
3. ADDRESS OF PRINCIPAL OFFICE: Please provide a complete address of the corporation's principal office including a number, street, city, state and postal code. P.O. boxes are only acceptable as additional information.
4. MAILING ADDRESS: Please provide the address to which the Secretary of the State should mail the corporation's annual report form, if other than its principal office address. A P.O. Box is acceptable for this address.
5. OFFICERS: Please provide the name of all of the corporation's officers, their titles and their residence and business addresses. Complete street addresses including a street number, street name, city, state, postal code and country if other than the United States are required. Note: P.O. boxes are only acceptable as additional information.
6. DIRECTORS: Please provide the name of all of the corporation's directors and their residence and business addresses. Complete street addresses including a street number, street name, city, state, postal code and country if other than the United States are required. Note: P.O. boxes are only acceptable as additional information.
7. ELECTRONIC MAIL ADDRESS: Please enter the corporation's email address (if any).
8. EXECUTION: The document must be executed by an authorized official of the corporation. That person must print or type their name, state the capacity under which they sign and provide a signature. The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

### OFFICE OF THE SECRETARY OF THE STATE

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