



FORM **102**

**Nonstock Corporation
 Articles of Incorporation**

[Chapter 181.0202 Wis. Stats.](#)

The corporation is incorporated under [Ch. 181](#) of the Wisconsin Statutes.

Article 1. Name of the corporation: _____

Article 2. Mailing address of the initial principal office: _____

(Ref. [s. 181.0103\(19\)](#))

(Mailing Address)

 (City, State and Zip Code)

Article 3. Street address of the initial registered office: _____

(Ref. [s. 181.0501](#))

(Street Address)

 (City, State and Zip Code)

Article 4. Name of the initial registered agent located at above registered office: _____

Article 5. Please select one of the statements: The corporation will have members The corporation will NOT have members

Article 6. Is the corporation authorized to make distributions under [s. 181.1302 \(4\)](#)? Yes No

Article 7. This document was drafted by: _____

Article 8. Name and address of each incorporator:
 (attach additional pages if needed)

 (Name of Incorporator)

 (Street Address)

 (City, State, Zip)

REPORTING REQUIREMENTS NOTIFICATION
 provided pursuant to [s. 181.0203\(3\)](#), Wis. Stats.

Regulation of Charitable Organizations - A nonstock corporation operating as a "charitable organization" and soliciting contributions, may be subject to additional regulation under [s. 202.12](#) of the Wisconsin Statutes and may be obliged to register and file financial reports with our Division of Banking, Licensed Financial Services Bureau. Additional information is available at www.wdfi.org or by calling 608-267-1711.

Incorporator's Signature

OFFICE USE ONLY



OPTIONAL

Article 9. State the delayed effective date of the Articles of Incorporation _____
under [s. 181.0123\(2\)](#). (MM/DD/YYYY)

Article 10. Other Provisions and Purpose Statement: (attach additional pages as needed)

Article 11. Name and address of the initial directors: (minimum of three, attach additional pages as needed)

_____ (Name)	_____ (Name)
_____ (Street Address)	_____ (Street Address)
_____ (City, State, Zip)	_____ (City, State, Zip)
	_____ (Name)
	_____ (Street Address)
	_____ (City, State, Zip)

Contact information:

_____ (Name)	
_____ (Street Address)	_____ (Phone Number)
_____ (City, State and Zip Code)	_____ (Email Address)

Submit this form along with the non-refundable filing fee of **\$35.00** to the address listed below. Make remittance payable to the [Department of Financial Institutions](#). *Optional expedited service:* The non-refundable expedited service fee of **\$25.00** is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. **For answers to frequently asked questions, please see: [Form 102 Instructions](#)**

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

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

Physical Address for Express Mail/Courier:
Department of Financial Institutions
Division of Corporate & Consumer Services
201 W. Washington Ave – Suite 300
Madison WI 53703

Contact Information
Phone: 608-261-7577
Web: www.wdfi.org
TTY: 711

