

ORGANIZATION AND FIRST REPORT STOCK OR NON-STOCK CORPORATIONS

Office of the Secretary of the State

MAILING ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space For Office Use Only	Filing Fee: \$75.00 Stock \$25.00 Nonstock	Make Checks Payable To "Secretary of the State"
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1. Name of Corporation:

2. Date of Organization Meeting: ____ / ____ / ____
Month Day Year

3. Address of Principal Office (street address required - P.O. Box is not acceptable):	4. Mailing address (if other than principal office address):
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5. OFFICERS:
(Street address required – P.O. Box is not acceptable)

NAME	TITLE	RESIDENCE ADDRESS	BUSINESS ADDRESS

6. DIRECTORS:
(Street address required – P.O. Box is not acceptable)

NAME	RESIDENCE ADDRESS	BUSINESS ADDRESS

Note: If additional space is needed, please reference an 8 1/2 X 11 attachment

7. EXECUTION:

Dated this ____ day of _____, 20_____.

Print or type name of signatory	Capacity 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. 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.