Secretary of the State of Connecticut

PHONE: 860-509-6003 **WEBSITE:** business.ct.gov **EMAIL:** bsd@ct.gov

ANNUAL REPORT OF COOPERATIVE ASSOCIATION

STOCK CORPORATION - USE INK. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY *(Confirmation will be sent to this address):*

NAME:

ADDRESS:

CITY:

STATE: ZIP CODE:

EMAIL

TELEPHONE NUMBER:

FILING FEE: $150

Make checks payable to "Secretary of the State"

Under the provisions of the General Statutes the Board of Directors shall prepare this report within thirty days, after the first meeting of the association, and, on or before the tenth day of March in each year thereafter.

Report shall be filed and recorded in the Office of the Secretary of the State and Office of the Town Clerk in which the association's principal office is located.

1. NAME OF ASSOCIATION *(Must include a business designation and match our records exactly):*

2. ADDRESS OF PRINCIPAL OFFICE OF ASSOCIATION:

STREET:

CITY:

STATE: ZIP CODE: –

MAILING ADDRESS:

STREET OR P.O. BOX:

CITY:

STATE: ZIP CODE: –

BOARD OF DIRECTORS AND OFFICERS ***(No P.O. Box Addresses)*** *(Must list at least 3):*

NAME	TITLE	BUSINESS ADDRESS *(Check box if none)*	RESIDENCE ADDRESS
		☐	
		☐	
		☐	

CAPITAL STOCK:

AMOUNT	# OF SHARES	PAR VALUE	# OF SHARES ISSUED	
$		$		☐ Shares are fully paid or ☐ Amount payable on shares – if not fully paid: $ _____

3. E-MAIL ADDRESS ***Required***

4. NAICS CODE ***(six digit code required)***

Go to www.census.gov/naics or call 888-756-2427

Note: If the association fails to file the Annual Report per section 33-188, as amended, or makes an untrue report, the association shall pay to the Secretary of the State fifty dollars for each such failure.

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COMPLETE SCTION 5 ONLY IF CHANGE TO AGENT FOR SERVICE

NOTE: COMPLETE EITHER 5A OR 5B BELOW, NOT BOTH.

5. APPOINTMENT OF REGISTERED AGENT ***(required):***

A. If Agent is an individual, print or type full legal name: _____

Signature accepting appointment ▶ _____

BUSINESS ADDRESS ***(required):*** (P.O. Box unacceptable) Check box if none: ☐	**CONNECTICUT RESIDENCE ADDRESS** ***(required):*** (P.O. Box unacceptable)
STREET:	STREET:
CITY:	CITY:
STATE: ZIP CODE:	STATE: CT ZIP CODE:

CONNECTICUT MAILING ADDRESS ***(required):***

STREET OR P.O. BOX:

CITY:

STATE: CT ZIP Code:

NOTE: DO NOT COMPLETE 5B IF AGENT APPOINTED IN 5A ABOVE.

B. If Agent is a business,
print or type name of business as it appears on our records: _____

Signature accepting appointment on behalf of agent: ▶ _____

Print full name and title of person signing on behalf of agent: _____

CONNECTICUT BUSINESS ADDRESS ***(required):*** (P.O. Box unacceptable)	**CONNECTICUT MAILING ADDRESS** ***(required):***
STREET:	STREET OR P.O. BOX:
CITY:	CITY:
STATE: CT ZIP CODE:	STATE: CT ZIP CODE:

6. A MAJORITY OF THE BOARD OF DIRECTORS:

NAME(S) ***(Full names required)***	**SIGNATURE(S)**
	▶
	▶
	▶
	▶
	▶

Personally appeared before me the above majority of the Board of Directors and made oath to the truth of the foregoing report by them signed:	DATE:	SIGNED (Notary Public, Justice of the Peace, Com. Sup. Ct.): ▶

Rev. 1/2024

INSTRUCTIONS FOR COMPLETING A COOPERATIVE ASSOCIATION ANNUAL REPORT

Revised 10/01/19

Filing Party: Provide the name of the filing party and the address to which correspondence regarding the filing should be sent.

Filing Fee: $150. Any reports filed after March 10th must include a late fee of $50. Please make checks payable to the "Secretary of the State."

Name of the Cooperative Association: Provide the name exactly as it appears on record at the Office of the Secretary of the State. Please note: the name may not be altered on the report. Name changes may only be effectuated by filing a Certificate of Amendment.

Due Date: Provide the year of the report. Note: the First report must be prepared by the board of directors not later than 30 days after the first meeting. The following year's report and subsequent reports must be submitted **by or before March 10th of each year.** Annual reports submitted after March 10th must include a late fee of $50 for each late report. *Note that the annual report must be submitted to **both** the Office of the Secretary of the State AND to the Office of the Town Clerk in which the association's principal office is located.

Mailing Address:

- Address to which correspondence is sent. (P.O. Box address acceptable.)

Principal Office Address:

- Address of the principal office should be entered on the report form and the address must include street, town or city, state and postal code.
- P.O. Box address is NOT acceptable.

Board of Directors and Officers information:

- Provide the name and title of each board director* and officer (if any) along with the respective residence address and business address of each. *Note that the board must have at least 3 directors. All addresses must include street, town or city, state and postal code. **P.O. Box is unacceptable.**
- When a director or officer lacks a business address, check "none."
- Attach and reference additional 8½ x 11 sheets if more space is required.

Capital Stock: Provide the (dollar) amount of capital stock, the total number of shares, the par value of the shares, and the number of shares issued. If the issued shares are fully paid, check the corresponding statement; if not fully paid, provide the amount payable on the shares.

NAICS code (required): Provide the six-digit North American Industry Classification code number. The code can be found by going to www.census.gov/naics or by calling the U.S. Census Bureau at 1-888-756-2427.

Appointment of Registered Agent: Complete this section if the corporation wishes to change its registered agent information. Complete section 5A if the agent will be a person; complete section 5B if the agent is a business entity that is active on the records of the Secretary of the State (corporation, LLC, LLP, or statutory trust). Note that the cooperative association cannot appoint itself as the registered agent. If no changes to agent information, this section may be left blank.

Provide an email address. Do not leave blank.

Execution:

- The report must be signed and sworn to by a majority of the board of directors; the name of each signor must be printed or typed.
- The notary public, justice of the peace, or commissioner of the superior court must provide their printed name and signature.
- Date the report is signed.

Please make checks payable to the Secretary of the State.
Mailing address: Secretary of the State, PO Box 150470, Hartford, CT 06115-0470
Delivery address: Secretary of the State, 165 Capitol Avenue, Suite 1000, Hartford, CT 06106