



This Box For Office Use Only

## Nonprofit Cooperative Association

See attached detailed instructions

☐ Filing Fee \$10.00

☐ Filing Fee with Expedited Service \$60.00

UBI Number:

# NONPROFIT COOPERATIVE ANNUAL REPORT

Chapter RCW 23.86

### SECTION 1 (required)

**NAME OF CORPORATION:** (as currently recorded with the Office of the Secretary of State)

**STATE OR COUNTRY OF INCORPORATION:** \_\_\_\_\_

### SECTION 2 (agent information required)

**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

**Name:** \_\_\_\_\_

**Physical Location Address (required):**

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**Mailing or Postal Address (optional):**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CONSENT TO SERVE AS REGISTERED AGENT: (required if changes have been made.)

I consent to serve as Registered Agent in the State of Washington for the above named association. I understand it will be my responsibility to accept Service of Process on behalf of the association; to forward mail to the association; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

**X** \_\_\_\_\_  
**Signature of Registered Agent** Printed Name Date

### SECTION 3 (required for Foreign Entities)

**ADDRESS OF THE PRINCIPAL OFFICE:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION 4** *(required every year)*

**NAME AND ADDRESS OF ALL CURRENT OFFICERS AND DIRECTORS:**

*(If necessary, attach additional names and addresses.)*

**PRESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TREASURER:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DIRECTOR:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*(If necessary, attach additional names, titles and addresses)*

**SECTION 5** *(required)*

**AUTHORIZED SIGNATURE** *(see instructions page)*

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X _____	_____	_____	_____
Signature	Printed Name and Title	Date	Phone

## **INSTRUCTIONS – NONPROFIT COOPERATIVE ANNUAL REPORT**

Please complete all sections of the Nonprofit Cooperative Annual Report. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps).

### **UBI Number: (required)**

Enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner of page 1.

### **Section 1: (required)**

Indicate the Nonprofit Cooperative name as currently registered with the Office of the Secretary of State

### **Section 2: (agent information is required; signature is also required when changes have been made.)**

All corporations must have a Registered Agent in Washington State. The Registered Agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where personal service of process may be made. An alternative mailing address may be used in addition to the physical address. **The Registered Agent must print his/her name or the agents name and sign the consent to serve as Registered Agent.**

### **Section 3: (foreign entities only)**

Enter the address of the Nonprofit Cooperative's principal place of business.

### **Section 4: (required every year)**

Please provide the full name and address of each officer. If necessary, you may attach a sheet with additional names, titles and addresses. **Do not** include social security numbers, federal tax identification or other personal identifiers.

### **Section 5: (required)**

Signature required. Please provide the signature, name, title, date signed, and phone number of the individual authorized to sign the annual report.

**FEES:** The filing fee for Nonprofit Cooperative Annual Report is \$10.00. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make checks or money orders payable to "Secretary of State".

**All payments must be received in US Dollars. All fees are non-refundable.**

### **Mail completed forms and payment to:**

Secretary of State  
Corporations Division  
801 Capitol Way S  
PO Box 40234  
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps), email your question to [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call 360-725-0377.

**If your nonprofit organization is, or plans to fundraise from the public, it may also be required to register with the Charities Program of the Secretary of State. Registration with the Charities Program is separate from and in addition to filings required under corporate law; please visit the Charities Program Website at [www.sos.wa.gov/charities](http://www.sos.wa.gov/charities) to review the registration requirements and registration forms for Charitable Organizations.**