



INSTRUCTIONS: ANNUAL REPORT PROFIT BUSINESS ENTITIES / NONPROFIT MISC & MUTUAL / CORPORATION SOLES RCW 23.95.255

Purpose: An Annual Report is used to affirm or update business entity information recorded by the Secretary of State and must be filed yearly to maintain a business' active status. An Annual Report is due by the business entity's expiration date, which is the last day of the month in which the business was first formed/registered with our office; and can be filed up to 180 days before the expiration date.

This document is available for all domestic and foreign profit business entity types, nonprofit miscellaneous and mutual corporations, and corporation soles.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available by contacting our office, to ensure you have the most recent version of the form or you can file online at <https://ccfs.sos.wa.gov>

Mail: Send the completed form and payment to the address listed above. **The post mark date is not the received date.** If the annual report is received in our office past the expiration date, a delinquency fee of \$25 is due for all business types except Nonprofits.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee is \$70 for all business types except the Nonprofit Miscellaneous and Mutual Corporation under [RCW 24.06](#) and Corporation Sole under [RCW 24.12](#) who submit a filing fee of \$10. A delinquency fee of \$25 may apply to all business types except the Nonprofits, if received in our office past the expiration date.

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Business Name: Provide the name as recorded with the Office of the Secretary of State of Washington.

Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Registered Agent: If the Registered Agent or the Registered Agent address has changed, indicate by selecting, "Yes" and provide new Registered Agent information.

NEW Registered Agent: All businesses must have a Registered Agent in Washington State per [RCW 23.95.415](#). The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. The Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
 - Select "Yes" or "No."
 - If "Yes," provide the name of the Commercial Registered Agent. An address is not required.
 - If "No," continue to Noncommercial Registered Agent.

- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business.
 - Identify the Registered Agent.
 - Individual: Write the individual's first and last name.
 - Business: Write the business' full name.
 - Office/Position: Write the office or position title held within the business such as President, Secretary, Treasurer, or Member.
 - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
 - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

(3) Principal Office: Provide the principal office address. This is the place where the business' records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State. Provide the business phone number and email address.

(4) Governors: List the current individuals/businesses responsible for governing the business. Attach additional pages if necessary. A business cannot serve as its own governor. A governor is commonly a business/individual who has the authority to make decisions on behalf of the business.

(5) Nature of Business: Enter a brief description of the type of business the business conducts in Washington State.

(6) Controlling Interest: Select "Yes" or "No" to the Real Estate Excise Tax questions that meet the businesses recordings. If you answered "Yes" to questions 1 AND 2a, you **must** report a Controlling Interest Transfer Return per [RCW 82.45.220](#). Indicate by checking "Yes" or "No" in question 3 if this has been filed with the Department of Revenue. For more information on Controlling Interest, contact Department of Revenue by visiting www.dor.wa.gov/REET

(7) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State

Corporations & Charities Division

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

☐ **\$10 Nonprofit Miscellaneous & Mutual Corporation / Corporation Sole**

**Delinquency fee does not apply to Chapter RCW 24 business entity types*

☐ **All Other Entity Types \$70**

☐ **Delinquency Fee, Add \$25**

☐ **To Expedite Filing, Add \$100**

All fields REQUIRED unless otherwise specified

ANNUAL REPORT

[RCW 23.95.255](#)

THIS BOX FOR OFFICE USE ONLY

**Failure to file this annual report
by your expiration date will result in a
\$25 delinquency fee and may result in
administrative dissolution.**

(1) Business Name: _____ **UBI No.:** _____

(2) Has your registered agent or their contact details changed? (Check one) ☐ **Yes** ☐ **No** If Yes, complete page 2

(3) PRINCIPAL OFFICE: The location where the business's records are kept

Street Address (required)

Must be a physical address; No PO Box or PMB

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address (optional)

☐ **Check if mailing address is the same as street address**

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Phone: _____ **Email:** _____

(4) Governor(s): List at least one, attach additional pages if necessary. **A business cannot serve as its own Governor**

Name: _____ **Name:** _____

Name: _____ **Name:** _____

(5) Nature of Business: Briefly describe the type of business your business conducts in the state of Washington

(6) Controlling Interest: [RCW 82.45.220](#) Answer all questions below

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

☐ **Yes** ☐ **No**

2. In the past 12 months, has there been a transfer of at least 16 ⅔ percent of the ownership, stock, or other financial interest in the entity? ☐ **Yes** ☐ **No**

2a. If "yes", in the past 36 months, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity? ☐ **Yes** ☐ **No**

3. If you answered "yes" to question 1 AND 2a, has the controlling interest transfer return been filed with Department of Revenue?

☐ **Yes** ☐ **No**

For more information on Controlling Interest, contact Department of Revenue by visiting www.dor.wa.gov/REET

(7) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person

Printed Name/Title

Date

Phone: (optional) _____ **Email:** _____

NEW REGISTERED AGENT: Required ONLY if question 2 was marked Yes

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a **Registered Agent in Washington State** per [RCW 23.95.415](#)

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent*. The appointed agent must sign the **Consent to Serve** statement below.

COMMERCIAL REGISTERED AGENT

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with this office in advance and does not need to provide it with this submission.

If applicable, provide the name of the Commercial Registered Agent: _____

NON-COMMERCIAL REGISTERED AGENT

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

If multiple types are listed the first type will be entered by this office

- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual’s first and last name below.
- **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
- **Type 3:** If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: _____

Phone: (optional) _____		Email: _____	
Street Address: (required) Must be a physical address; No PO Box or PMB		Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address	
Country: <u>United States</u> State: <u>Washington</u>		Country: <u>United States</u> State: <u>Washington</u>	
Address : _____		Address : _____	
Zip: _____ City: _____		Zip: _____ City: _____	

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent	Printed Name/Title	Date
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