

Annual Report for filing year _____ (enter the CURRENT calendar year) for Limited Liability Companies (per WV Code 59-1-2a)

Important Note: This form is a public document. Please DO NOT provide any personal identifiable information on this form such as social security numbers, bank account numbers, credit card numbers, or driver's license numbers.

1. Name of the Organization: _____

2. Incorporation or Qualification Date: _____ In which state: _____

3. Tax ID #: _____ County: _____ County Code*: _____ Business Class Code*: _____

*If you do not know the codes, you may leave the above sections blank.

4. Principal Office Address: Address 1: _____ Address 2: _____ City: _____ State: _____ Zip Code: _____

5. Principal Mailing Address: Address 1: _____ Address 2: _____ City: _____ State: _____ Zip Code: _____

6. Name and Mailing Address of person (agent) to whom notice of legal process may be sent, if any: Name: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip Code: _____

*If new agent, furnish new agent's signature: _____

7. Business E-mail Address where business correspondence may be sent: _____

8. Website address of the business, if any (ex: yourdomainname.com): _____

9. Total number of employees: _____

10. Total number of West Virginia residents: _____

11. Is this a minority owned business? [] Yes [] No [] Decline to answer

12. Is this a woman owned business? [] Yes [] No [] Decline to answer

13. Do you own or operate more than one business in West Virginia? [] Yes * Answer a. and b. below. [] No [] Decline to answer

If "Yes"... a. How many businesses? _____ b. Located in how many West Virginia counties? _____

14. Veteran Employees and Veteran Owner Information:

a. Does your organization employ individuals who are United States Armed Forces veterans? [] Yes* [] No [] Decline to answer

* If "Yes," enter the total number of veterans it employs. _____

b. Is(Are) the owner(s) of the organization a United States Armed Forces veteran(s)? [] Yes [] No [] Decline to answer

**** IMPORTANT **** In the following sections (items #15 OR #16), answer ONLY the item which applies to your entity type, either MEMBER-MANAGED OR MANAGER-MANAGED, NOT BOTH. If you are unsure which type the LLC is registered as, please contact the West Virginia Secretary of State's Office Business and Licensing Division for further assistance at 1-877-826-2954 or 304-558-8000 to determine its management structure

15. **MEMBER Information:** Complete this section **ONLY** if you were set up as a **MEMBER-managed** company. List the name and address of each member having signature authority to sign filings (attach additional page if necessary):

<u>Member Name</u>	<u>No. & Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

... **OR** ...

16. **MANAGER Information:** Complete this section **ONLY** if you were set up as a **MANAGER-managed** company. List the name and address of each manager having signature authority to sign filings (attach additional page if necessary):

<u>Manager Name</u>	<u>No. & Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. **REPORT MUST BE SIGNED** for the organization by a: (1) **MEMBER** of a **member-managed** company OR (2) a **MANAGER** of a **manager-managed** company.

Signature: _____ Date: _____
 Title/Capacity of signer: _____ Phone: _____

FILING FEE: If paid by **JULY 1** deadline \$25
 If paid **after JULY 1** deadline . . . \$75 (includes \$50 late fee)

MAKE CHECK, MONEY ORDER, OR CASHIER'S CHECK PAYABLE TO: West Virginia Secretary of State

MAIL COMPLETED REPORT AND PAYMENT TO ONE OF THE BUSINESS CENTERS BELOW:

<p>Charleston Office One-Stop Business Center 1615 Washington Street East Charleston, WV 25311 Phone: (304) 558-8000 Fax: (304) 558-8381 Hours: Mon. - Fri. 8:30a - 5:00p EST</p>	<p>Clarksburg Office North Central WV Business Center 200 West Main Street Clarksburg, WV 26301 Phone: (304) 367-2775 Fax: (304) 627-2243 Hours: Mon. -Fri. 9:00a - 5:00p EST</p>	<p>Martinsburg Office Eastern Panhandle Business Center 229 E. Martin Street Martinsburg, WV 25401 Phone: (304) 356-2654 Fax: (304) 260-4360 Hours: Mon. - Fri. 9:00a - 5:00p EST</p>
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