



FORM **10**

**Business Corporation
Articles of Dissolution**

[Chapter 180 Sub XIV Wis. Stats.](#)

1. Name of Corporation: _____

2. Identify the statutory grounds for dissolution under [s. 180 Wis. Stats.](#), by checking one of the boxes below:

[180.1401 Wis. Stats](#) - **Dissolution before issuance of shares** - The incorporators or the board of directors of a corporation that has not issued shares may authorize the dissolution of the corporation.

Date of Incorporation: _____
(MM/DD/YYYY)

Statement:

None of the corporation's shares has been issued; no debt of the corporation remains unpaid; and the dissolution under s. 180.1401 of the Wisconsin Statutes was authorized by: Incorporators Board of directors

[180.1402 Wis. Stats](#) - **Dissolution by board of directors and shareholders**

Date on which dissolution is authorized under s. 180.1402 Wis. Stats: _____
(MM/DD/YYYY)
If the corporation is to retain the exclusive use of its name for less than 120 days after the effective date of its articles of dissolution, as provided in [s. 180.1405 \(3\)](#)
State the shorter period here: _____
(0 – 120 days)

3. This document was drafted by: _____

4. This document was executed on behalf of the business corporation on: _____
(MM/DD/YYYY)

(Print name of Individual who executed)

Check one title: Officer Incorporator Fiduciary

(Signature of individual who executed)

OPTIONAL

5. State the delayed effective date of the articles of dissolution under [s. 180.0123 \(2\)](#).
This document has a delayed effective date of: _____

6. Contact information: _____
(Name) (MM/DD/YYYY)

(Address) (Phone Number)

(City, State and Zip Code) (Email Address)

Submit this form along with the non-refundable filing fee of \$20.00 to the address listed below. Make remittance payable to the [Department of Financial Institutions](#). Optional expedited service: The non-refundable expedited service fee of \$25.00 is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. **For answers to frequently asked questions, please see: [Form 10 Instructions](#)**

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:
State of WI – Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

Physical Address for Express Mail/Courier:
Department of Financial Institutions
Division of Corporate & Consumer Services
201 W. Washington Ave – Suite 300
Madison WI 53703

Contact Information
Phone: 608-261-7577
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