

REGISTRAR OF CORPORATIONS

Department of Commerce
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHR, 12054 Pohnpei Way Capitol Hill Saipan, MP 96950
Tel: (670) 664-8024
Web: www.commerce.gov.mp
email: registrar.reyes@commerce.gov.mp

ANNUAL CORPORATION REPORT

Filing Fee: \$75.00

Make Check Payable to: CNMI TREASURY

File Original and Two Copies

**FILING: THE INITIAL REPORT MUST BE FILED WITHIN 60 DAYS OF INCORPORATION.
ANNUAL REPORT MUST BE FILED ON OR BEFORE MARCH 1ST OF EACH YEAR.**

Check One: Domestic Corporation Foreign Corporation

Check One: Initial Report 20 ____ Annual Report for 20 ____ Updated Report for 20 ____

Name, Mailing and Physical Address of Corporation

Name: _____

Telephone No.: _____ Email Address: _____

Mailing Address: _____

Physical Address: _____

Name, Mailing and Physical Address of Registered Agent

Name: _____

Telephone No.: _____ Email Address: _____

Mailing Address: _____

Physical Address: _____

LIST OF DIRECTORS: *(If not enough space, attach separate listing.)*

| <u>Name</u> | <u>Position</u> | <u>Nationality</u> | <u>Address</u> |
|-------------|-----------------|--------------------|----------------|
|-------------|-----------------|--------------------|----------------|

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| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |

LIST OF OFFICERS: *(If not enough space, attach separate listing.)*

| <u>Name</u> | <u>Position</u> | <u>Nationality</u> | <u>Address</u> |
|-------------|-----------------|--------------------|----------------|
|-------------|-----------------|--------------------|----------------|

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DESCRIPTION OF BUSINESS ACTIVITIES – List all lines of business:

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STOCK ISSUED AND OUTSTANDINGNumber of SharesClass of SharesAmount of Paid Shares**LIST OF SHAREHOLDERS:** *(If not enough space, attach separate listing.)*NameImmigration StatusNationalityNumber of
Shares Held

| <u>Name</u> | <u>Immigration Status</u> | <u>Nationality</u> | <u>Number of Shares Held</u> |
|-------------|---------------------------|--------------------|----------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DATE:

Signature:

PRINT NAME & TITLE OF PERSON SIGNING
(Must be Director or Officer of the Corporation)