

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

NON-PROFIT ANNUAL CORPORATION REPORT

Filing Fee: \$7.50

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____

1. NAME OF CORPORATION

2. Details of principal office at which business is conducted:
Name: _____ Telephone No.: _____ Email Address: _____
Mailing Address: _____
Physical Address: _____

3. Details of person to contact in regards to business affairs of the corporation:
Name: _____ Telephone No.: _____ Email Address: _____
Mailing Address: _____
Physical Address: _____

4a. Date operations began in the CNMI:

4b. Type of business being conducted:

5a. Date of Annual Membership Meeting: _____ **5b. Date of Annual Membership Meeting, if any:** _____

6a. List of Officers: *(If not enough space, attach separate listing.)*

<u>Name</u>	<u>Mailing Address</u>	<u>Position</u>	<u>Citizenship</u>	<u>Date Assumed Office</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6b. List of Board of Directors: *(If not enough space, attach separate listing.)*

<u>Name</u>	<u>Mailing Address</u>	<u>Citizenship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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7. List of all Members: *(If not enough space, attach separate listing.)*

<u>Name</u>	<u>Mailing Address</u>	<u>Citizenship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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