

**REGISTRAR OF CORPORATIONS**

Department of Commerce  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
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**ANNUAL LIMITED LIABILITY COMPANY (“LLC”) 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 1<sup>ST</sup> OF EACH YEAR.

INITIAL REPORT \_\_\_\_\_ REPORT FOR THE YEAR \_\_\_\_\_

CHECK ONE:  Domestic LLC  Foreign LLC

**Name, Mailing and Physical Address of Designated Office of LLC**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

State or Country of Organization of LLC: \_\_\_\_\_

Address of Principal Office (if different from Designated Office):  
\_\_\_\_\_

**Name, Mailing and Physical Address of Agent for Service of Process**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**MANAGERS (IF MANAGER-MANAGED):**

NAME

NATIONALITY

ADDRESS

<u>NAME</u>	<u>NATIONALITY</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEMBERS (IF MEMBER-MANAGED):**

NAME

NATIONALITY

ADDRESS

<u>NAME</u>	<u>NATIONALITY</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DATE:**  
\_\_\_\_\_

**Signature:**

\_\_\_\_\_  
PRINT NAME & TITLE OF PERSON SIGNING  
(Must be Member of Member-Managed LLC or Manager of Manager-Managed LLC)