

**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 • Fax: (670) 664-3067  
 Web: [www.commerce.gov.mp](http://www.commerce.gov.mp)  
 email: [registrar.reyes@commerce.gov.mp](mailto: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 1<sup>ST</sup> OF EACH YEAR.**

Check one:  Initial Report 20\_\_\_\_  Annual Report for 20\_\_\_\_

<b>1. NAME OF CORPORATION</b>				
_____				
<b>2. Details of principal office at which business is conducted:</b>				
Name: _____ Telephone No.: _____ Email Address: _____				
Mailing Address: _____				
Physical Address: _____				
<b>3. Details of person to contact in regards to business affairs of the corporation:</b>				
Name: _____ Telephone No.: _____ Email Address: _____				
Mailing Address: _____				
Physical Address: _____				
<b>4a. Date operations began in the CNMI:</b>				
_____				
<b>4b. Type of business being conducted:</b>				
_____				
<b>5a. Date of Annual Membership Meeting:</b>		<b>5b. Date of Annual Membership Meeting, if any:</b>		
_____		_____		
<b>6a. List of Officers:</b>				
<u>Name</u>	<u>Mailing Address</u>	<u>Position</u>	<u>Citizenship</u>	<u>Date Assumed Office</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>6a. List of Board of Directors:</b>				
<u>Name</u>	<u>Mailing Address</u>	<u>Citizenship</u>		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

**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 • Fax: (670) 664-3067  
Web: [www.commerce.gov.mp](http://www.commerce.gov.mp)  
email: [registrar.reyes@commerce.gov.mp](mailto:registrar.reyes@commerce.gov.mp)

**7a. Authorized capital (if not applicable, state "None"):**

<u>Common</u>	<u>Amount</u>	<u>Par Value</u>
_____	_____	_____
_____	_____	_____

**7b. The amount of capital stock issued: \$** \_\_\_\_\_

**7c. The amount of capital stock paid up: \$** \_\_\_\_\_

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

<u>Name</u>	<u>Mailing Address</u>	<u>Citizenship</u>	<u>Number of Shares</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**9. Land owned or lease within the CNMI by the Corporation.**

State legal description: \_\_\_\_\_

Owned     Leased    Period \_\_\_\_\_

Purpose(s): \_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT**

COMMONWEALTH OF THE NORTHERN )  
MARIANA ISLANDS )  
SAIPAN, MARIANA ISLANDS )

SS.

I, \_\_\_\_\_ President, Vice President, Secretary, Treasurer of lawful age, being first duly sworn, say: That I executed the foregoing report in the name of and on behalf of \_\_\_\_\_ and that to the best of my knowledge the items contained herein are true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC