

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

ANNUAL PARTNERSHIP STATEMENT

Annual Report for the Year Ending _____

Filing Fee: \$75.00

File Original and Two Copies

Make Check Payable to: CNMI Treasurer

FILING: An annual statement shall be filed on or before March 31 of each year, as of December 31 of the preceding year.

Details of the Partnership

Name: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

State the name, resident, citizenship and nature of all partners of all partners (if not enough space, attach separate sheet):

<u>NAME</u>	<u>CITIZENSHIP</u>	<u>NATURE</u>	<u>MAILING ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe all partnership business activities: _____

Location of principal place of business (**attach a map**) in the Commonwealth and the business:

Physical Address: _____

Mailing Address: _____

Districts in which business is presently conducted:

If the Partnership was formed under the laws of any jurisdiction other than the Commonwealth, state the name of the jurisdiction and the location of the principal place of business: _____

Date partnership was formed: _____

Date of partnership commenced business in the Commonwealth: _____

Please attached a Balance Sheet:

We certify the fact that none of the partners is a minor or an incompetent person.

We also certify that all of the answers made in this statement are true, complete and correct to the best of our knowledge.

(This Statement must be signed by all Partners)

Print Name of Partner Signing

Date

Print Name of Partner Signing

Date

Print Name of Partner Signing

Date

ACKNOWLEDGMENT

_____)

BEFORE ME, the undersigned authority personally appeared:

_____, _____, _____,
_____, _____ known to me to be the parties whose names
are subscribed above, and being by me duly sworn, acknowledge to me that they signed the above and
foregoing document for the purposes therein set forth.

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

NOTARY PUBLIC