



GOVERNMENT OF
 NEWFOUNDLAND AND LABRADOR
 Department of Government Services
 Commercial Registrations Division

**THE CO-OPERATIVES ACT
 FORM 27 - ANNUAL RETURN**

Annual Return for the Fiscal Year Ended: _____

1. Registered Co-operative Name: _____

2. Registration Number: _____

3. Have you changed your mailing address? Yes No
If you have not notified this office of the change, please indicate your new mailing address below:

4. Have you changed your registered office? Yes No

Have you notified this office of the change? Yes No
If you have not notified this office of the change, then please complete and forward a Form 3 and a filing fee of \$10.00 with this return.

5. Has there been a change to your board of directors? Yes No

Has this office been notified of the change? Yes No
If you have not notified this office of the change, then please complete and forward a Form 7 and a filing fee of \$10.00 with this return.

6. Date of last annual meeting: _____

6. Signature: _____

Position Held: _____

Phone Number: _____

(must be a director, an officer or a solicitor of the co-operative)

Please refer to www.gs.gov.nl.ca/cr for fee schedule information.