

**COMPANIES ACT OF 1994**  
(Section 194)

**LOCAL COMPANY ANNUAL RETURN**

| <b>1. Company Name and Registered Office Address</b>   |  | <b>2. Company No.</b>                       | <b>3. Reporting Period</b><br><br>Return for the year ending<br>December 31, 20..... |                            |              |         |       |         |       |         |       |         |       |   |  |
|--|--|---|--|----------------------------|--------------|---------|-------|---------|-------|---------|-------|---------|-------|---|--|
| <b>4. Registered Office</b><br>a. Has there been a change in the location of the registered office during the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. If yes, has Form 4 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <b>5. Main type(s) of business activity</b> |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| <b>6. Directorship</b><br>a. Has there been a change of director(s) during the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. If yes, has Form 9 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| <b>7. Name and Address of Secretary</b>  | <b>8. Corporate registers and records</b><br>a. Are the company registers and records kept at an address different from that of the registered office? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. If yes, state the address where kept and the name of any agent appointed to prepare and maintain same. |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| <b>9. Financial Statements</b><br>a. Is the company a public company? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. Does the gross revenue of the company exceed \$4,000,000.00? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>c. Do the assets of the company exceed \$2,000,000.00? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>d. If yes to a., b. or c. above, have financial statements been filed in respect of the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| <b>10. Summary of Share Capital</b><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Classes of Shares</th> <th style="width:40%;">No of Shares in Class</th> </tr> </thead> <tbody> <tr><td>1. ....</td><td>.....</td></tr> <tr><td>2. ....</td><td>.....</td></tr> <tr><td>3. ....</td><td>.....</td></tr> <tr><td>4. ....</td><td>.....</td></tr> <tr><td>5. ....</td><td>.....</td></tr> </tbody> </table><br>Confirm that a Share Capital Schedule in Form 28:A been completed and attached to this Return? <input type="checkbox"/> Yes   |  | Classes of Shares                           | No of Shares in Class  | 1. ....                    | .....        | 2. .... | ..... | 3. .... | ..... | 4. .... | ..... | 5. .... | ..... | <b>11. Jurisdictions in which the company carries on business</b><br>a. Does the company carry on business outside St. Vincent and the Grenadines? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. If yes, list the jurisdictions outside of St. Vincent and the Grenadines where the company carries on business. |  |
| Classes of Shares  | No of Shares in Class  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| 1. ....  | .....  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| 2. ....  | .....  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| 3. ....  | .....  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| 4. ....  | .....  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| 5. ....  | .....  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| <b>12. Real Property</b><br>a. Has the company acquired a legal or equitable interest in land? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| <b>13. Corporate relationships</b><br>a. Is the company affiliated with or controlled by another company? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. If yes, name the affiliated companies and describe the nature of the corporate relationship using ss.538-540 definitions.<br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name of Affiliated Company</th> <th style="width:40%;">Relationship</th> </tr> </thead> <tbody> <tr><td>1. ....</td><td>.....</td></tr> <tr><td>2. ....</td><td>.....</td></tr> <tr><td>3. ....</td><td>.....</td></tr> </tbody> </table> |  |   |  | Name of Affiliated Company | Relationship | 1. .... | ..... | 2. .... | ..... | 3. .... | ..... |         |       |   |  |
| Name of Affiliated Company   | Relationship   |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| 1. ....  | .....  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| 2. ....  | .....  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| 3. ....  | .....  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |
| <b>14. Certificate</b><br>I,....., hereby certify that I am authorized by the reporting company to make this Return and that the information contained herein is true and correct to the best of my knowledge and belief.<br><br>Signature of Officer/Director ..... Date .....  |  |   |  |                            |              |         |       |         |       |         |       |         |       |   |  |

**Official use only**

