**DEPARTMENT OF JUSTICE**

**FEDERATED STATES OF MICRONESIA**

**FSM REGISTRAR OF CORPORATIONS**

**P.O. Box PS- 105**

**Palikir, Pohnpei FSM 96941**

**Phone: (691) 320-8089 320-4589**

**e-mail address: roc@doj.gov.fm**

**CORPORATION ANNUAL REPORT**

**SECTION A – GENERAL**

1. Name of Business:

Address:

Telephone No:

Fax:

2. Contact Person:

Position:

3. State in which the Business is conducted:

STATE LOCATION

CHUUK ( )

KOSRAE ( )

POHNPEI ( )

YAP ( )

4. Type of Business:

Products Manufactured/ Services Provided:

5. Did you file a ***“Report”*** for last year? Yes ( ) No ( )

If **“No”,** explain why:

6. Name of your Banks:

7. Members in the Chamber of Commerce: Yes ( ) No ( )

If “Yes” state address:

**SECTION B – FOR ALL CORPORATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | For all | Corporations: |  |
|  | a.) | Partnership: | ( ) |
|  | b.) | Foreign Corporation: (100% Foreign) | ( ) |
|  | c.) | Joint Venture (FSM & Foreign) | ( ) |
|  | d.) | FSM Corporation (100% FSM) | ( ) |
|  | e.) | Non-Profit Corporation | ( ) |

2. Date of Incorporation:

3. Names and Addressed of Partners/ Boards of Directors:

a.) b.) c.) d.) e.) f.) g.) h.) i.) j.)

Principal Personnel:

a.)

b.)

c.)

4. Capitalization:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a.) | Authorized Capital: Foreign/Amount %: | |  |  |
|  | Local/Amount %: | |  |
|  | **Total Amount %:** | |  |
| b) | Paid Up Capital Foreign/Amount %: | |  |
|  | Local/ Amount%: | |  |
|  | **Total Amount %:** | |  |
| c) | Do you intend promoting unsold shares? Yes | | ( ) No | ( ) |
| If **“Yes”,** how? | | | | |
| d) | List of  1) | Names and Amounts of Shareholding: (attach list) Name | | Amount |
|  | 2) |  | |  |
|  | 3) |  | |  |
|  | 4) |  | |  |
|  | 5) |  | |  |

e) State any Dividend Payments during the last years:

Year Rate Amount Paid

f) List any Equity Investment during the year: Amount:

Place/Project:

g) State total Assets for the Corporation as at the end of Reporting Period:

**SECTION C – MANPOWER UTILIZATION (This should be filled by all enterprises).**

1. Number of Employees:

Nos. of FSM No of Foreigner Total

a) Executive/ Managerial

b) Clerical/ Office c) Skilled

d) Unskilled

e) Other (Specify)

2. Indicate the Highest/Lowest Wages paid:

FSM Foreigner

Highest Wage:

Rate/Hour: ( ) ( )

Lowest Wage: Rate/Hour: ( ) ( )

3. Indicate the Manpower growth during the Reporting period: Beginning of Year:

End of Report Period:

4. Indicate any Training offered to the staff during the year: Please specify and attach separate

sheet if necessary.

5. What training needs exist in your Corporation?

How do you plan to accomplish it

6. Category of Employees:

|  |  |  |
| --- | --- | --- |
| a) | Permanent Regular |  |
| b) | Temporary |  |
| c)  d) | Piece rate  Other |  |
| e) | Total |  |

**SECTION D – MARKETING (Sales) (For all Enterprises)**.

1. Total Sales during the Report Period:

No. of Units (Products/Services) Total Value ($)

|  |  |
| --- | --- |
| a) |  |
| b) |  |
| c) |  |
| d) |  |
| e) |  |

2. Last Year Sales:

No. of Units (Products/Services) Total Value ($)

|  |  |
| --- | --- |
| a) |  |
| b)  c) |  |
| d)  e) |  |

(add additional sheets if needed)

3. indicate the Value of Imported/Local Sales: Value

Imported:

Local:

4. What Steps have been taken to increase local sales or substitute imports?

5. External Trade:

a) indicate Principal Export Items:

b) Total Export Value of Reporting Period:

c) Exported to:

**SECTION E – FINANCIAL STATEMENT (For all Enterprises).**

Please provide the following:

1. Financial Statement (including Balance Sheet and income Statement for the reporting period).

2. Provide Audited Statements and Reports where Applicable.

3. Total Working Capital during the Year.

4. Annual Taxes paid

5. Indicate any long-term borrowing.

**SECTION F – PROBLEM ASSESSMENT**

1. Indicate any Constraints, Problem, etc., that affected your business enterprise during the reporting period:

2. What other prospects exists to diversify your business:

3. What is your future business plan:

4. Other comments or suggestions

WE HEREBY CERTIFY THE FACT THAT NONE OF THE PARTNERS IS A MINOR OR AN INCOMPETENT PERSON.

WE FURTHER CERTIFY THAT ALL OF THE ANSWERS MADE IN THIS STATEMENT ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

By: By:

Date: Date:

By: By:

Date: Date: