



Commercial Registrations Division
Registry of Co-operatives

**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.

Registry of Co-operatives, P. O. BOX 8700, St. John's, NL, A1B 4J6
Telephone: (709) 729-3317 Website: General Information www.gs.gov.nl.ca/cr Online Services cado.eservices.gov.nl.ca