Government of Northwest Territories | Gouvernement des Territoires du Nord-Ouest

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File : _____
Date : _____
REGISTRAR OF CORPORATIONS REGISTRAIRE DES SOCIÉTÉS

PARTNERSHIP AND BUSINESS NAMES ACT
LIMITED LIABILITY PARTNERSHIP
ANNUAL REPORT

1) NAME OF LIMITED LIABILITY PARTNERSHIP

2) a. Six digit registration number

b. Date of registration
month / day / year

3) The month and day on which the certificate of registration OR other constating documents were issued by the governing jurisdiction
month / day

4) The year for which this return is applicable

5) Do the partners of this Limited Liability Partnership practice as members of an eligible profession? ☐ YES ☐ NO

a. **IF YES:** Do the partners continue to meet all applicable eligibility requirements under that profession to practice as a Limited Liability Partnership? ☐ YES ☐ NO

b. If the answer to 5)a. is **NO**: Evidence of change, satisfactory to the Registrar, must be attached.

6) Is the current name of the Partnership the same as the last notice filed with the Registrar of Corporations? ☐ YES ☐ NO
IF NO: Evidence of change, satisfactory to the Registrar, must be attached.

a. **IF REQUIRED** (if not previously submitted)**:** NWT Name Search and Reservation form is attached ☐ ($25.00)

7) Is the current address and/or name of the designated partner the same as the last notice filed with the Registrar of Corporations? ☐ YES ☐ NO
IF NO: Evidence of change, satisfactory to the Registrar, must be attached.

8) Is the registered office address of the Partnership and the post office box designated for service by mail (if any) the same as the last notice filed with the Registrar of Corporations? ☐ YES ☐ NO
IF NO: Evidence of change, satisfactory to the Registrar, must be attached.

9) Is the nature of business practiced by the partners the same as the last notice filed with the Registrar of Corporations? ☐ YES ☐ NO
IF NO: Evidence of change, satisfactory to the Registrar, must be attached.

Dated this _____ day of_____, 20_____.

Per: _____
Designated partner name AND original signature