



Service Nova Scotia
Registry of Joint Stock Companies

Annual Renewal
Co-operative Associations Act
Page 1 of 2

ID #:

Use this ID number at www.rjsc.ca to review your official record

Co-operative's Name

1. Return this form with updates/corrections
2. Submit annual financial statement/audit
3. Submit \$33.00 annual renewal fee

- For additional help, check the website at www.rjsc.ca or call the phone number at the bottom of the page

Annual Renewal Fee: \$ 33.00

Due date (yyyy/mm/dd):

Street Address
(please provide updates / corrections)

Mailing Address if different from Street
Address *(please provide updates / corrections)*

Telephone:

Fax:

Email:

Officers *please provide updates and corrections*

President

Vice-President

Treasurer

Secretary

Other Officers

Directors *please print the names of all current directors*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Co-operatives Branch, 9th Floor Maritime Centre, 1505 Barrington Street, Halifax.

Mailing Address: P.O. Box 1529, Halifax, NS B3J 2Y4. **Telephone:** 902-424-7770.

Toll-Free within Nova Scotia: 1-800-225-8227. **Email:** nscoop@novascotia.ca. **Website:** www.rjsc.ca.



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Please complete these 9 questions. The information is for government use only.

- Are all board positions currently filled? yes no
- Was an AGM held in the last 12 months? yes no
- Was there quorum at the AGM? yes no
- Was the financial report/audit approved by the members at the AGM? yes no
- How many employees does the co-op employ at this time? _____
Full-time Part-time
- How many meetings were held in this fiscal year (or last 12 months)?
 - board meetings _____
 - members meetings (including AGM) _____
 - Total Meetings** _____
- How many members does the co-op have at this time? _____
- How many members attended at least one educational event in this fiscal year (or last 12 months) _____

Amount Due: \$ 33.00
Payment Type

- Cheque* Money Order
- Visa MasterCard
- American Express

_____ (credit card account number) _____ (expiry date - mm/yy)

_____ (please **print** card holder's name)

_____ (**signature**)

* **please make cheques payable to the Inspector of Co-operatives**

_____ (**signature** of person completing this form)

_____ (**printed name** of person completing this form)

_____ (**phone number** of person completing this form)

_____ (**fax number** of person completing this form)

_____ (**email** of person completing this form)

_____ (**yyyy/mm/dd**)

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