



Municipal Licensing and Standards

Annalisa Mignardi, Director  
Business Licensing and Regulatory Services

**PLEASE RETURN TO:** Program Support – Annual Returns  
East York Civic Centre  
850 Coxwell Avenue, 3<sup>rd</sup> Floor  
Toronto, Ontario, M4C 5R1  
Tel: (416) 392-6700

**ANNUAL RETURN FOR CORPORATION**  
**THE CITY OF TORONTO MUNICIPAL CODE, CHAPTER 545**  
**Information and Particulars as of December 31, 20\_\_\_\_.**

Date of Filing Last Provincial Annual Return:	Name of the Company:
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Type of Licence:

Jurisdiction Under Which Incorporated	Date of Incorporation
Powers Authorized by Instruments of Incorporation <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Other _____	
Indicate Whether Corporation Is Carrying on Business <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Associated Directors: _____

<b>PRESENT DIRECTORS AND OFFICERS</b>			<i>Residence Address</i>	<i>Date of Birth</i>	
<i>Name</i>	<i>Position</i>	<i>Date Elected</i>	<i>Street &amp; No. City, Town, Province, etc.</i>		<i>Gender</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Address of Head Office:

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Has there been a change in shareholder structure since last submission? YES  NO

AUTHORIZED CAPITAL	<i>Preferred</i>		<i>Common</i>	
	Number	Par Value	Number	Par Value
LIST OF SHAREHOLDERS	Name	Address	No. of Shares Held	
a) Preference Shares	(a)			
b) Common Shares	(b)			
Name and Addresses of Persons Who Have Become Shareholders Since Last Annual Return:	Name	Address	No. of Shares Held	
a) Preference Shares	(a)			
b) Common Shares	(b)			

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, the \_\_\_\_\_ of the above-named  
(First & last Name) (Title Held)

Corporation have the authority to provide the information above. I acknowledge that any false statement provided is a violation for the provisions of the City of Toronto Municipal Code, Chapter 545.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date