



**Regional Center Annual Statement**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-956G**  
 OMB No. 1615-0159  
 Expires 07/31/2025

	Receipt	Remarks	Action Block
<b>For USCIS Use Only</b>	<div style="font-size: 4em; opacity: 0.2; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">           DRAFT NOT FOR         </div>		

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input style="width: 100%;" type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input style="width: 100%;" type="text"/>
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If you need extra space to complete any section of this form or if you would like to provide additional information about your circumstances, use the space provided in **Part 8. Additional Information**. Complete and submit as many copies of **Part 8.**, as necessary, with your request.

► **START HERE - Type or print in black ink.**

**Part 1. Form Type**

1. Select whether the form is an Annual Certification of a Regional Center or an **Amendment** or **Supplement** to an Annual Certification of a Regional Center:
  - Annual Certification of a Regional Center
  - Amendment or Supplement to a Previously Filed Annual Certification of a Regional Center
2. Reporting for the Federal fiscal year ending September 30,  (yyyy).

**Part 2. Information About the Regional Center**

1. Legal Name of Regional Center Entity
2. Regional Center Identification Number

**Part 2. Information About the Regional Center** (continued)

**Regional Center Mailing Address** (and Physical Address when applicable)

Mailing Address Same as Physical Address

**3. Mailing Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**Regional Center Contact Information**

**4. Telephone Number**

**5. Email Address (if any)**

**6. Website Address (if any)**

**Part 3. Information About the Regional Center's Operations**

**Accounting of All Alien Investor Capital Invested in the Regional Center**

**1.** Total amount of all individual alien investor capital invested in the regional center and its associated new commercial enterprise(s) and job-creating entity(ies) since the date of regional center designation.

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**Litigation and Bankruptcy Proceedings**

You must describe any pending material litigation or bankruptcy proceedings, or material litigation or bankruptcy proceedings resolved during the preceding fiscal year, involving the regional center, the new commercial enterprises, or any affiliated job-creating entities.

**2. A.** Have you submitted any documentation describing whether the regional center, or any NCE or affiliated JCE is the subject of any pending material litigation or bankruptcy proceedings or resolved any similar proceedings during the fiscal year?  Yes  No

**B.** If you answered "Yes," please describe the documentation provided (i.e. exhibit number, name of document).

**C.** If you answered "No," please describe the current and/or resolved litigation or bankruptcy proceedings in the space provided. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

**Part 3. Information About the Regional Center's Operations** (continued)

***Policies and Procedures in Place to Ensure Compliance with Federal Labor Laws***

Regional centers must describe the policies and procedures in place to ensure compliance to all applicable Federal labor laws.

3. A. Have you submitted any documentation describing the regional center's policies and procedures to ensure compliance to applicable Federal labor laws?  Yes  No

B. If you answered "Yes," please describe the documentation provided (i.e. exhibit number, name of document).

[Empty text box for documentation description]

C. If you answered "No," please describe the policies and procedures in the space provided. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

[Empty text box for policies and procedures description]

***Information about Each New Commercial Enterprise and Capital Investment Project***

You must complete Attachment 1. Information About Each New Commercial Enterprise and Capital Investment Project for each NCE sponsored by the regional center and each capital investment project undertaken by such NCE with active EB-5 investors (i.e. those who are seeking classification under INA 203(b)(5) or who have obtained conditional permanent resident status and not yet filed for removal of conditions) in the applicable reporting period. You do not need to complete Attachment 1 for any previously sponsored NCEs that no longer have any active EB-5 investors.

4. How many Attachment 1s are you including with this form?

**Part 4. Required Certifications**

This section must be completed by a qualified certifier. A qualified certifier is a person in a position of substantive authority for the management or operations of the regional center, such as a principal executive officer or principal financial officer, with knowledge of the regional center entity's policies and procedures related to compliance with the EB-5 Program.

***Bona Fides and Foreign Involvement Certification***

***Certifier's Contact Information***

1. Certifier's Family Name (Last Name)	Certifier's Given Name (First Name)
<input type="text"/>	<input type="text"/>
2. Certifier's Title	
<input type="text"/>	
3. Certifier's Daytime Telephone Number	4. Certifier's Mobile Telephone Number (if any)
<input type="text"/>	<input type="text"/>
5. Certifier's Email Address (if any)	
<input type="text"/>	

I certify, under penalty of perjury, that, to the best of my knowledge, after a due diligence investigation, that the regional center is in compliance with the Immigration and Nationality Act (INA) sections 203(b)(5)(H)(i) and (ii).

**Part 4. Required Certifications (continued)**

***Certifier's Signature***

6. Certifier's Signature Date of Signature (mm/dd/yyyy)  
➔

***Securities Laws Compliance Certification***

***Certifier's Contact Information***

7. Certifier's Family Name (Last Name) Certifier's Given Name (First Name)

8. Certifier's Title

9. Certifier's Daytime Telephone Number 10. Certifier's Mobile Telephone Number (if any)

11. Certifier's Email Address (if any)

I certify, under penalty of perjury, that:

- 1) I am a certifier;
- 2) To the best of my knowledge, after a due diligence investigation, all offers, purchases, and sales of, and investment advice relating to, securities made by parties associated with the regional center complied with the securities laws of the United States and the securities laws of any State in which the offer, purchase, or sale of securities was conducted, the issuer of securities was located or the investment advice was provided; and
- 3) Records, data, and information related to such offers, purchases, and sales have been maintained.

***Certifier's Signature***

12. Certifier's Signature Date of Signature (mm/dd/yyyy)  
➔

13. At any time in the previous fiscal year, was the regional center or any party associated with the regional center not in compliance with the securities laws of the United States or the securities laws of any State in which the securities activities were conducted?  Yes  No

If you answered "Yes" to **Item Number 13.**, describe the activities that led to noncompliance and describe the actions taken to remedy the noncompliance in **Part 8. Additional Information.**

Complete **Item Number 14.** only if you answered "Yes" to **Item Number 13.**

I certify, under penalty of perjury, to the best of my knowledge, after due diligence investigation, the regional center and all parties associated with the regional center are currently in compliance with the securities laws of the United States or the securities laws of any State in which the securities activities were conducted.

**Part 4. Required Certifications (continued)**

***Certifier's Signature***

14. Certifier's Signature Date of Signature (mm/dd/yyyy)  
➔

***Direct and Third-Party Promoter Certification***

***Certifier's Contact Information***

15. Certifier's Family Name (Last Name) Certifier's Given Name (First Name)

16. Certifier's Title

17. Certifier's Daytime Telephone Number 18. Certifier's Mobile Telephone Number (if any)

19. Certifier's Email Address (if any)

I certify, under penalty of perjury, that, to the best of my knowledge, after a due diligence investigation, that the regional center is in compliance with INA section 203(b)(5)(K)(iii).

***Certifier's Signature***

20. Certifier's Signature Date of Signature (mm/dd/yyyy)  
➔

**Part 5. Statement, Contact Information, Declaration, and Signature of the Authorized Individual**

**NOTE:** Read the **Penalties** section of the Form I-956G Instructions before completing this section.

**Authorized Individual's Statement**

Select the appropriate box to indicate whether you read this form yourself or whether you had an interpreter assist you. If someone assisted you in completing the form, select the box indicating that you used a preparer.

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

- 1. Authorized Individual's Statement Regarding the Interpreter
  - A.  I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.
  - B.  The interpreter named in **Part 6.** has read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent, and I understood all of this information as interpreted.
- 2. Authorized Individual's Statement Regarding the Preparer
  - At my request, the preparer named in **Part 6.**, , prepared this form for me based only upon information I provided or authorized.

**Authorized Individual's Contact Information**

- 3. Authorized Individual's Family Name (Last Name)  Authorized Individual's Given Name (First Name)
  - 4. Authorized Individual's Title
- Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).
- 5. Authorized Individual's Daytime Telephone Number
  - 6. Authorized Individual's Mobile Telephone Number (if any)
  - 7. Authorized Individual's Email Address (if any)

**Authorized Individual's Declaration**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I, as the authorized individual, submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize the release of any information contained in this form, in supporting documents, in my USCIS records, and in the organization's USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. I recognize the authority of USCIS to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site audits, and on-site visits, as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5, Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. No. 117-103); and 8 CFR parts 103, 204, 205, and 214. I further acknowledge that I am aware all regional centers under the EB-5 Program will be subject to an audit by DHS at least once within 5 years and the regional center is required to make and preserve all documents relevant to the audit as authorized under INA section 203(b)(5)(E)(vii).

**Part 5. Statement, Contact Information, Declaration, and Signature of the Authorized Individual**  
(continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my form;
- 2) I understood all of the information contained in, and submitted with my form; and
- 3) All of this information was complete, true, and correct at the time of filing.

I am filing this form on behalf of the regional center entity, and I certify that I am authorized to do so by the regional center entity.

I also understand that USCIS may require biometrics, perform criminal record checks, and other background and database checks with respect to this regional center, and any individuals involved with this entity

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, this form, and that all of this information is complete, true, and correct.

**Authorized Individual's Signature**

You must sign and date the form. Every form **MUST** contain the signature of the authorized individual. A stamped or typewritten name in place of a signature is not acceptable.

8. Authorized Individual's Signature Date of Signature (mm/dd/yyyy)

➔

**NOTE TO ALL REGIONAL CENTERS AND AUTHORIZED INDIVIDUALS:** If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may reject your form or require that you amend or supplement this form. USCIS may impose appropriate sanctions, including fines, suspension, permanent bar or termination, if a regional center fails to submit the required information or upon a determination that the regional center is otherwise in violation of applicable requirements.

**Part 6. Interpreter's Contact Information, Certification, and Signature**

If you used anyone as an interpreter to read the Instructions and questions on this form to you in a language in which you are fluent, the interpreter must fill out this section.

**Interpreter's Full Name**

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number

City or Town  State  ZIP Code

Province  Postal Code  Country

**Part 6. Interpreter's Contact Information, Certification, and Signature** (continued)

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in

**Part 5., Item B. in Item Number 1.**, and I have read to the authorized individual in the identified language every question and instruction on this form and his or her answer to every question. The authorized individual informed me that he or she understands every instruction, question, and answer on the form, including the **Authorized Individual's Declaration**, and has verified the accuracy of every answer.

**Interpreter's Signature**

The interpreter must sign and date the form.

7. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Authorized Individual**

Provide the following information about the preparer. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 6.** and **Part 7.**

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)

If the person who completed this form is associated with a business or organization, that person should complete the business or organization name and address information.

2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number
- City or Town  State  ZIP Code
- Province  Postal Code  Country



**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Authorized Individual (continued)**

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this form on behalf of the authorized individual and with the authorized individual's consent.
- B.  I am an attorney or accredited representative and my representation of the authorized individual in this case  extends  does not extend beyond the preparation of this form.

**NOTE:** If you are an attorney or accredited representative, you may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the authorized individual. The authorized individual has reviewed this completed form, including the **Authorized Individual's Declaration**, and informed me that all of the information in the form is complete, true, and correct. I completed this form based only on information that the authorized individual provided to me or authorized me to obtain or use.

**Preparer's Signature**

Anyone who helped you complete this form **MUST** sign and date the form. A stamped or typewritten name in place of a signature is not acceptable.

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

**Part 8. Additional Information**

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print the regional center entity's name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Name of the Regional Center Entity

2. Regional Center Identification Number

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.

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PRODUCTION  
10/25/2023

**Attachment 1 -  
Information About Each New Commercial Enterprise and Capital Investment Project**

The regional center must provide the information below for each NCE sponsored by the regional center and each capital investment project undertaken by such NCE. If there is more than one NCE, you may make copies of this page to complete and submit with Form I-956G.

1. Name of Regional Center Entity

2. Regional Center Identification Number

3. Reporting for the Federal fiscal year ending September 30,  (yyyy).

4. A. Receipt Number of Associated Form I-956F (if applicable)

B. Legal Name of the NCE

C. NCE Identification Number

D. Legal Name of the JCE (if any)

***NCE Mailing Address (and Physical Address when applicable)***

Mailing Address Same as Physical Address

5. In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

***NCE Contact Information***

6. Telephone Number

7. Email Address (if any)

8. Website Address (if any)

**Attachment 1 -  
Information About Each New Commercial Enterprise and Capital Investment Project  
(continued)**

**JCE Mailing Address (and Physical Address when applicable)**

Mailing Address same as Physical Address

9. In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

**JCE Contact Information**

10. Telephone Number

11. Email Address (if any)

12. Website Address (if any)

13. Aggregate amount of capital invested in the NCE by alien investors for the capital investment project undertaken by the NCE over the lifespan of the project.

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14. Describe how the alien investor capital is being used to execute the capital investment project undertaken by the NCE over the lifespan of the project.

  
  
  

15. A. Have you provided evidence that 100 percent of the alien investor capital has been committed to the capital investment project undertaken by the NCE over the lifespan of the project?  Yes  No

B. If you answered "Yes," please describe the evidence provided (i.e. exhibit number, name of document).

  

16. A. Have you provided detailed evidence of the progress made toward the completion of the capital investment project undertaken by the NCE?  Yes  No

B. If you answered "Yes," please describe the evidence provided (i.e. exhibit number, name of document).

**Attachment 1 -  
Information About Each New Commercial Enterprise and Capital Investment Project  
(continued)**

17. Aggregate number of direct jobs created or preserved by the capital investment project undertaken by the NCE.

18. To the best of the regional center's knowledge, for all fees, including administrative fees, loan monitoring fees, loan management fees, commissions and similar transaction-based compensation, collected from alien investors by the regional center, the new commercial enterprise, any affiliated job-creating entity, any affiliated issuer of securities intended to be offered to alien investors, or any promoter, finder, broker-dealer, or other entity engaged by any of the aforementioned entities to locate individual investors.

A. Description, including the amount, of all fees collected;

B. An accounting of the entities that received such fee; and

C. The purpose for which such fees were collected.

19. A. If applicable, has there been any material change during the preceding fiscal year to any documentation or disclosures referred to in INA section 203(b)(5)(F)(i)(IV) associated with Form I-956F listed in **Item A.** in **Item Number 4.**?  Yes  No

B. If you answered "Yes," please provide that documentation and describe the documentation provided (i.e. exhibit number, name of document).

**Attachment 1 -  
Information About Each New Commercial Enterprise and Capital Investment Project  
(continued)**

**Required Certification**

This section must be completed by a qualified certifier for the regional center. A qualified certifier is a person in a position of substantive authority for the management or operations of a regional center, such as a principal executive officer or principal financial officer, with knowledge of the regional center entity's policies and procedures related to compliance with the Regional Center Program.

**Certifier's Contact Information**

20. Certifier's Family Name (Last Name) Certifier's Given Name (First Name)

21. Certifier's Title

22. Certifier's Daytime Telephone Number 23. Certifier's Mobile Telephone Number (if any)

24. Certifier's Email Address (if any)

I certify, under penalty of perjury, that the information provided under **Item Numbers 13. - 19.** are accurate, to the best of my knowledge, after a due diligence investigation.

**Certifier's Signature**

25. Certifier's Signature Date of Signature (mm/dd/yyyy)

**Separate Account Information**

26. **A.** Has the NCE and/or affiliated JCE set up a separate account for the deposit and maintenance of all capital investment from alien investors for the offering and project undertaken by the NCE and/or described in the Form I-956F, including amounts held in escrow?  Yes  No
- B.** If you answered "Yes," provide the name of the bank (or other financial institution) and account number for each separate account set up by the NCE and/or affiliated JCE.

Name of Bank or Other Financial Institution	Account Number

**Attachment 1 -  
Information About Each New Commercial Enterprise and Capital Investment Project  
(continued)**

27. **A.** Has the NCE and/or affiliated JCE retained a fund administrator to administer all investment capital deposited and maintained in the separate account(s)?  Yes  No
- B.** Is the fund administrator a certified public accountant, attorney, or broker-dealer or investment adviser registered with the Securities and Exchange Commission?  Yes  No

**C.** Provide the full legal name and contact information for the fund administrator.

Family Name (Last Name)

Given Name (First Name)

Daytime Telephone Number

Mobile Telephone Number (if any)

Email Address (if any)

**D.** Provide the title, relevant certification, bar, and/or registration number of the fund administrator.

  

28. **A.** Is the NCE and/or affiliated JCE controlled by or under common control of an investment adviser or broker-dealer that is registered with the Securities and Exchange Commission?  Yes  No

**B.** Provide the full legal name and contact information for the registered investment adviser or broker-dealer.

Family Name (Last Name)

Given Name (First Name)

Daytime Telephone Number

Mobile Telephone Number (if any)

Email Address (if any)

**C.** Provide the title and registration number of the registered investment adviser or broker-dealer.