STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF BANKING

CREDIT UNION SUPPLEMENT TO THE NCUA 5300 CALL REPORT FOR THE PERIOD ENDING JUNE 30, 2010

This Credit Union Supplement to the NCUA 5300 Call Report (the "Report") as well as the accompanying NCUA 5300 Call Report are required by law: Section 6 of Chapter 4 of Title 19 of the General Laws of Rhode Island and is to be filed by Rhode Island Credit Unions. The Credit Union shall maintain supporting documentation to verify all entries contained in both the Report and the NCUA 5300 Call Report, including any applicable schedules and/or exhibits, until the next scheduled examination of the Credit Union by the Division of Banking.

NOTE: The Reports of Condition and Income accompanying this Report must be signed by an authorized officer and must be attested to by not less than three (3) directors.

I,_____
Name and Title of Officer Authorized to Sign This Report

of the named Credit Union do hereby declare that the Reports of of Condition and Income (including the supporting schedules) contained in the accompanying NCUA 5300 Call Report are true to the best of my knowledge and belief.

_____
Signature of Officer Authorized to Sign This Report

_____
Date of Signature

We, the undersigned directors, attest to the correctness of the Report of Condition (including the supporting schedules) accompanying this Report and declare that it has been examined by us.

_____
Director

_____
Director

_____
Director

_____
Legal Title of Credit Union

_____
Street Address

_____
City State Zip Code

RETURN THE COMPLETED NCUA 5300 CALL REPORT AND STATE SUPPLEMENTAL CALL REPORT
ON OR BEFORE July 23, 2010 TO
THE DIVISION OF BANKING
1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920.

Person to whom questions about this report should be directed:

_____ _____
Name/Title Area Code/Phone Number

CREDIT UNION SUPPLEMENT TO THE NCUA 5300S CALL REPORT
FOR THE PERIOD ENDING JUNE 30, 2010

SCHEDULE AA

CONCENTRATION OF CREDIT

1) Provide the number of loans comprising the credit union's largest concentration of loans to a single borrower including loans to related parties of said borrower……#_____

2) Provide the aggregate dollar amount of all loans comprising the credit union's largest concentration of loans to a single borrower (provide information for the number of loans included in item 1 above)……$_____

3) Provide the dollar amount of the largest single loan balance in the credit union's loan portfolio……$_____

4) Report the aggregate loans to one borrower with balances exceeding the limit prescribed by R.I. Gen. Laws § 19-5-16.

Number of loans	Loan balance
_____	$_____
_____	$_____
_____	$_____
_____	$_____

5) Complete **Confidential Exhibit A** (enclosed) for all concentrations of credit as of the Report date.

SCHEDULE BB

OTHER REAL ESTATE OWNED ("OREO")

	Number Of Properties	Current Balance	Estimated Loss on Disposal
OREO	#_____	$_____	$_____

Total current balance must agree to the "Oreo" line of the NCUA 5300 Call report.

SCHEDULE CC

PARTICIPATION/PURCHASED LOANS AND LOANS ORIGINATED AND/OR SERVICED BY ANOTHER INSTITUTION

Number of Loans	Name of Originating Institution	Servicing Institution	Current Balance
#_____	_____	_____	$_____
#_____	_____	_____	$_____
#_____	_____	_____	$_____
#_____	_____	_____	$_____
TOTAL			$_____

SCHEDULE DD

ASSETS SOLD WITH AN AGREEMENT TO REPURCHASE

Description of Assets Sold and Terms of Repurchase	Amount
	$
	$
	$
	$
Total	$

SCHEDULE EE

LIQUIDITY RESERVES

Name of Reserve Agent	Amount on Deposit
	$
	$
	$
	$

	Amount of Written Contractual Credit Line
	$
	$
	$
	$

SCHEDULE FF

LOANS BROKERED AND FUNDED BY THIRD –PARTY LENDERS

Number of Loans	Broker fees received	Dollar Amount of Loans Brokered
#		$

SCHEDULE AR1

MAIN OFFICE AND BRANCHES LOCATIONS

Main Office_____, _____Manager

Branch_____, _____Manager

Branch _____, _____Manager

Branch _____, _____Manager

Branch _____, _____Manager

Branch _____, _____Manager

Branch _____, _____Manager

Branch _____, _____Manager

SCHEDULE AR2

CUSTOMER BANK COMMUNICATION TERMINALS (“CBCT'S/AUTOMATED TELLER MACHINES”)

Attach a schedule showing the number and location(s) of all Credit Union owned or leased CBCT'S/ATM'S (place a "/" where indicated).

_____Schedule attached

_____Not applicable (no CBCT's/ATM's owned or leased)

SCHEDULE AR3

OFFICERS OF CORPORATION

Name	Title	Name	Title

SCHEDULE AR4

DIRECTORS OF CORPORATION

Name _____ Name _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

SCHEDULE AR5

SUPERVISORY COMMITTEE MEMBERS

(Designate whether elected _____ or appointed _____)

Name _____ Name _____

_____ _____

_____ _____

_____ _____

SCHEDULE AR6

MISCELLANEOUS INFORMATION

1. Has your credit union received brokered deposits in the past 6 months? YES____ NO____

   If **Yes,** please explain, in detail on a separate **confidential** exhibit.

2. Has the credit union invested in or made loans to a CUSO? YES____ NO____

SCHEDULE AR6

MISCELLANEOUS INFORMATION (continued)

3. Indicate with a check mark ("√") if the Credit Union engages in any of the following activities either directly or indirectly:

Activity	On Credit Union Premises	Off Credit Union Premises	Direct	Through CUSO/ Other
_____Insurance[1]	_____	_____	_____	_____
_____Securities	_____	_____	_____	_____
_____Fixed Annuities	_____	_____	_____	_____
_____Variable Annuities	_____	_____	_____	_____

4. Audit/Verification of Accounts

   Please provide the name and address of the person, firm, or committee that performed the last annual audit and/or verification of member accounts:

   Name: _____

   Address: _____

   _____

   Date of last audit or verification of accounts: _____

5. Information Technology System

   If in-house system, indicate type of equipment: _____

   Name of Information Systems officer: _____

6. Surety Bond Coverage:

   Amount of coverage: $_____

   Carrier of bond: _____

   Have any bond claims been filed in last six months? Yes _____No_____

   If **Yes**, attach a **confidential** exhibit with an explanation of the circumstances surrounding each claim.

[1] Excludes credit-life, credit-accident, credit disability and similar loan protection insurance.

SCHEDULE AR6

MISCELLANEOUS INFORMATION (continued)

7. Provide the following information:
   a) Credit Union's business hours: _____
   b) Main office telephone number: _____
   c) Main office facsimile number: _____
   d) Name and e-mail address of Credit Union's Chief Executive Officer:
      i) Name: _____
      ii) E-mail address: _____
   e) Name and e-mail address and telephone number of the person responsible for responding to questions regarding this report.
      i) Name: _____
      ii) E-mail address: _____ Telephone Number: _____

8. Provide the name and address of the company's attorney for service:

   Name: _____

   Address: _____

   Telephone: _____

9. Give dates of any amendments to your charter or by-laws since the last report:

   _____

10. Please provide the name, title, address, telephone number, facsimile number and e-mail address, if applicable, for the individual responsible for responding to customer complaints.

    Name: _____

    Title: _____

    Address: _____

    Telephone number: _____

    Facsimile number: _____

    E-mail address: _____

CERTIFICATION

STATE OF RHODE ISLAND)
County of _____

We_____President or Vice-President

And_____ Secretary or Treasurer

and _____, Supervisory Committee Chairperson,

of_____ do solemnly swear that the NCUA 5300 Call Report accompanying this Report are true and that the schedules of both reports correctly represent the true state of the several matters herein contained to the best of our knowledge and belief.

_____President or Vice-President

_____Secretary or Treasurer

and_____ Supervisory Committee Chairperson

Sworn to and subscribed before me this_____ day of _____ 2010.

_____
Notary Public

Attest: _____) Seal

_____) Directors

_____)

Annual Report Credit Union 5300 Supplement June revised 06-08-2010

CREDIT UNION SUPPLEMENT TO THE NCUA 5300S CALL REPORT
FOR THE PERIOD ENDING JUNE 30, 2010

Name of Credit Union**:** _____

CONFIDENTIAL EXHIBIT A

CONCENTRATION OF CREDIT[2]

Member Name	Account Number	# of Loans	Largest Single Loan Amount	Aggregate Loan Amount

[2] Complete a separate line for each member with a concentration of credit as determined by the Credit Union's Board of Directors, policies and/or procedures.

Name of Credit Union: _____

PAYMENT TRANSMITTAL VOUCHER
$55.00 Filing Fee

Check must be payable to: "General Treasurer, State of Rhode Island"

Make a copy of this Page and mail the Original Page with your check to:

State of Rhode Island
Department of Business Regulation
Division of Banking
1511 Pontiac Avenue
Building 68-2
Cranston, RI 02920-4407
Telephone: (401) 462-9503