

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



**INSURED DEPOSIT TAKING FINANCIAL INSTITUTION CALL REPORT
FOR THE PERIOD ENDING DECEMBER 31, 2015**

Legal Name of Financial Institution

City State & Zip Code

This Report is 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 **FDIC- Insured** Financial Institutions. The Financial Institution shall maintain supporting documentation to verify all entries contained in both the Report and the FDIC Call Report, including any applicable schedules and/or exhibits, until the next scheduled examination of the Financial Institution by the Division of Banking.

NOTE: An authorized officer must sign the Reports of Condition and Income.

I, _____
(Type or Print Name & Title of Authorized Officer)
of the named Financial Institution do hereby declare
that the Report of Condition and the Report of Income
and Expenses (including all supporting schedules) are
true to the best of my knowledge and belief.

Signature of Officer Authorized to Sign this Report

Signature Date

Person to who questions about this report should be directed:

Name/Title

Area Code/Phone Number

Email Address

**Return the completed Call Report via email on or before February 29, 2016 to
sara.cabral@dbr.ri.gov**

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT
FOR THE PERIOD ENDING DECEMBER 31, 2015**

Schedule RO Officers of Corporation

(attach additional sheets if necessary)

Name	Title

Schedule RD Directors/Trustees of Corporation

Name	Name

Schedule RA Customer Bank Communication Terminals (“CBCT’S/ ATM’S”)

Attach a schedule showing the number and location of all Financial Institution owned or leased CBCT’S/ATM’S.

- _____ Schedule attached
- _____ Not applicable (no CBCT's/ATM's owned or leased)

Schedule RS Report of Stockholders¹

1. Total Number of Stockholders: _____

¹ Any change of fifteen percent (15%) of voting stock or equity interest must be promptly reported to the Rhode Island Division of Banking.

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Schedule RS Report of Stockholders¹ (continued)

2. Types and number of shares of capital stock authorized and outstanding:

<u>Type</u>	<u>Number Authorized</u>	<u>Number Outstanding</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Date and amount of dividends declared on capital stock during period:

Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____

4. Stockholders holding 15% or more of stock:

<u>Name of Owner</u>	<u>Percentage of Ownership</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

5. If a holding company owns stock provide or attach list of stockholders holding 15% or more of the stock of the holding company:

<u>Name of Owner</u>	<u>Percentage of Ownership</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Please provide a list of the names and addresses of any of the above stockholders that are out-of-state holders.

6. Date of the annual meeting of shareholders/stockholders: _____

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Schedule RM Miscellaneous Information

1. Provide the following information:
 - a) Financial Institution's business hours: _____
 2. Main office telephone number: _____
 - c) Main office facsimile number: _____
 - d) Name and e-mail address of Financial Institution's Chief Executive Officer:
 - i) Name: _____
 - ii) E-mail address: _____
 - e) Complete **Confidential Exhibit A** (enclosed) regarding the Financial Institution's Critical Contact Officer¹
 - f) Complete **Confidential Exhibit B** (enclosed) with the Financial Institution's Federal Employer Identification Number.
2. Information Technology (IT) System
Name of servicer: _____
If in-house system, indicate type of equipment: _____
Name of Information Systems officer: _____
Name of IT Critical Contact _____
Telephone Number _____ Email Address _____
3. Please provide the name and address of the person or firm that performed the last annual audit.
Name: _____
Address: _____

Date of last audit: _____
4. Provide the name, address and telephone number of the institution's attorney for service (must be located in Rhode Island):
Name: _____
Address: _____
Telephone number: _____

¹Critical Contact Officer is the responsible senior Financial Institution official designated to receive critical time-sensitive information in the event of an emergency, and must be accessible by phone or email at all times including non-business hours.

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Schedule RM Miscellaneous Information (contined)

5. 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.

6. Number of borrowers (not number of accounts) _____

7. Number of paid bank employees:

Full Time: _____ Part Time (25 hrs or less): _____

8. Attach a schedule showing interest rates offered for both loans and deposits as of call report date. Please include the Type of Account, the Rate and the Posting Date.

9. Attach a schedule showing the number and location of all Financial Institution operated Loan Production Offices ("LPOs") located either in the State of Rhode Island or any other state.

_____ Schedule attached

_____ Not applicable (no loan production offices)

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

Name: _____

Title: _____

Address: _____

Telephone number: _____

Facsimile number: _____

E-mail address: _____

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT
FOR THE PERIOD ENDING DECEMBER 31, 2015**

CERTIFICATION

STATE OF RHODE ISLAND)

County of _____)

We _____ President/Vice-President

and _____ Secretary/Treasurer

of _____

do solemnly swear that the foregoing State Supplement and the FDIC Call Report are true and that the schedules of these reports correctly represent the true state of the several matters herein contained to the best of our knowledge and belief.

_____ President/Vice-President

_____ Secretary/Treasurer

Sworn to and subscribed before me this _____ day of _____ 2016.

Notary Public

Attest: _____)

Seal

_____) Directors

_____)



State of Rhode Island
Department of Business Regulation



DIVISION OF BANKING

1511 Pontiac Avenue, Building 69-2

Cranston, Rhode Island 02920

Telephone (401) 462-9503 - Facsimile (401) 462-9532

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
 TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT
 FOR THE PERIOD ENDING DECEMBER 31, 2015**

CONFIDENTIAL EXHIBIT A

Name of Financial Institution: _____

CRITICAL CONTACT OFFICER

Primary Critical Contact Officer:

Name: _____

Title: _____

Telephone number:	_____	_____
	Business hours	Non-business hours

Facsimile number:	_____	_____
	Business hours	Non-business hours

E-mail address:	_____	_____
	Business hours	Non-business hours

Back-up Critical Contact Officer:

Name: _____

Title: _____

Telephone number:	_____	_____
	Business hours	Non-business hours

Facsimile number:	_____	_____
	Business hours	Non-business hours

E-mail address:	_____	_____
	Business hours	Non-business hours



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CONFIDENTIAL EXHIBIT B

Name of Financial Institution: _____

Federal Employer Identification Number: _____



State of Rhode Island
Department of Business Regulation



Name of Financial Institution: _____

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 69-2
Cranston, RI 02920-4407***