State of Rhode Island
Department of Business Regulation

DIVISION OF BANKING
1511 Pontiac Avenue, Building 68-2
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 JUNE 30, 2011

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

Not less then three (3) Directors or Trustees must attest to the Report of Condition (including all supporting schedules) for this Report and declare that this Report has been examined by us.

_____
Director or Trustee

_____
Director or Trustee

_____
Director or Trustee

_____
Legal Name of Financial Institution

_____
City State & zip code

Return the Completed Call Report, on or Before August 2, 2011 to the Division of Banking, 1511 Pontiac Avenue, Building 68-2, Cranston, Rhode Island 02920

INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT
FOR THE PERIOD ENDING JUNE 30, 2011

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(s) of all Financial Institution owned or leased CBCT'S/ATM'S (place a "/" where indicated).

_____Schedule attached

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

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Schedule RB Branch Office Addresses

(attach additional pages if necessary)

Branches	Branches

Schedule RS Report of Stockholders[1]

1. Total Number of Stockholders: _____

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

Type	Number Authorized	Number Outstanding

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:_____

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

Schedule RS Report of Stockholders[1] (continued)

4. Stockholders holding 15% or more of stock:

Name of Owner	Percentage of Ownership
	%
	%
	%
	%

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

Name of Owner	Percentage of Ownership
	%
	%
	%
	%

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: _____

Schedule RM Miscellaneous Information

1. Provide the following information:
   a) Financial Institution's business hours: _____
   b) 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 Officer[2]
   f) Complete **Confidential Exhibit B** (enclosed) with the Financial Institution's Federal Employer Identification Number.
2. Information Technology System

   Name of servicer: _____

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

   Name of Information Systems officer: _____

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

[2] Critical Contact Officer is the responsible senior Financial Institution official designated to receive critical time-sensitive information in the event of an emergency. This individual must be accessible by telephone, fax or email at all times including non-business hours.

INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
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Schedule RM Miscellaneous Information (continued)

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:

   Name: _____

   Address: _____

   Telephone number: _____

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. Give dates of any amendments to your charter or by-laws since the last Call Report: _____

9. On the schedule below, report interest rates offered for both loans and deposits as of call report date. (Attach additional sheets if necessary)

Type of Account	Rate	Posting Date
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	

Schedule RM Miscellaneous Information (continued)

10. Indicate with a check mark ("√") if the Financial Institution engages in any of the following activities either directly or indirectly:

Activity	On Institution Premises	Off Institution Premises	Direct	Indirect
_____Insurance[1]	_____	_____	_____	_____
_____Securities	_____	_____	_____	_____
_____Fixed Annuities	_____	_____	_____	_____
_____Variable Annuities	_____	_____	_____	_____

11. 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: _____

12. Person to whom questions about this report should be directed:

Name: _____

Title: _____

Telephone number: _____

Facsimile number: _____

E-mail address: _____

Schedule IS Internet Sites

Has the Financial Institution launched an internet web site? YES_____NO_____

If Yes, does the web site allow members to conduct transactions? YES_____NO_____

If Yes, provide web-site address. _____

If Yes, what types of transactions are available?

_____

_____

_____

_____

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

INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT
FOR THE PERIOD ENDING JUNE 30, 2011

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_____2011.

_____
Notary Public

Attest: _____) Seal

_____) Directors

_____)

State of Rhode Island
Department of Business Regulation

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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
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Building 68-2
Cranston, RI 02920-4407
Telephone: (401) 462-9503