



**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, 2013**

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.

Not less than 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.

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.

\_\_\_\_\_  
 Director or Trustee

\_\_\_\_\_  
 Director or Trustee

\_\_\_\_\_  
 Signature of Officer Authorized to Sign this Report

\_\_\_\_\_  
 Director or Trustee

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Legal Name of Financial Institution

\_\_\_\_\_  
 City State & Zip Code

**Return the completed Call Report via email on or before August 13, 2013 to  
 msammartino@dbr.ri.gov**

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**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)



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**Schedule RS Report of Stockholders<sup>1</sup> (continued)**

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: \_\_\_\_\_

**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<sup>2</sup>
- 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: \_\_\_\_\_

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

<sup>2</sup> 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.

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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 (must be located in Rhode Island):

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. 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.

10. 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 )

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**Schedule RM Miscellaneous Information (continued)**

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

<u>Activity</u>	<u>On Institution Premises</u>	<u>Off Institution Premises</u>	<u>Direct</u>	<u>Indirect</u>
Insurance <sup>1</sup>	_____	_____	_____	_____
Securities	_____	_____	_____	_____
Fixed Annuities	_____	_____	_____	_____
Variable Annuities	_____	_____	_____	_____

12. 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: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Facsimile number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**Schedule IS Internet Sites**

Provide web-site address \_\_\_\_\_

Does the web site allow customers to conduct transactions? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, what types of transactions are available?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>1</sup> Excludes credit-life, credit-accident, credit disability and similar loan protection insurance.

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**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 \_\_\_\_\_ 2013.

\_\_\_\_\_  
Notary Public

Attest: \_\_\_\_\_)

Seal

\_\_\_\_\_) Directors

\_\_\_\_\_)

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Insured-deposit-taking financial institution June supplement to the FDIC June 30, 2013



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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: \_\_\_\_\_

<b>PAYMENT TRANSMITTAL VOUCHER</b>
<b>\$55.00 Filing Fee</b>

**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***