



# State of Rhode Island Department of Business Regulation



## DIVISION OF BANKING

1511 Pontiac Avenue, Bldg. 69-2  
Cranston, Rhode Island 02920

Telephone: (401) 462-9503 – Facsimile: (401) 462-9559

E-mail: [bankinquiry@dbr.state.ri.us](mailto:bankinquiry@dbr.state.ri.us)

### APPLICATION FOR CHANGE OF ADDRESS

Application is hereby made pursuant to R. I. Gen. Laws § 19-14-12(b) for a change of address and the re-issuance of the license or branch certificate for the type of business listed below. *A separate application must be completed and filed for each license or branch certificate and for each location for which a change of address is being requested.*

**CHECK ONLY ONE**

- Section 19-14.2 - Small Loan Lender
- Section 19-14.3 - Sale of Checks
- Section 19-14.3 - Electronic Money Transfers
- Section 19-14.4 - Check Cashing
- Section 19-14.8 – Debt-Management Services

**1. \_\_\_\_\_ Name of Licensee / Existing Address of Office to be Relocated:**

Name of Licensee \_\_\_\_\_

D/B/A, if applicable \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

License Number or Branch Certificate Number \_\_\_\_\_

**2. \_\_\_\_\_ Proposed Address of Office to be Relocated:**

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

A Zoning Certificate is required if the above location is a residence.

A license or branch certificate may be issued to a location outside of the State of Rhode Island. **Any licensee who maintains its records in an out-of-state office must pay all examiners' expenses incurred in order to conduct an examination of the books and records at said out-of-state facility, in addition to any examination fees allowed by statute.**

**3. \_\_\_\_\_ Anticipated Occupancy Date:** \_\_\_\_\_

**4. \_\_\_\_\_ Manager of Relocated Office:**

Provide a completed **FORM RI-BSC** (Biographical Statement & Consent Form enclosed) for the individual who will be the designated manager of the relocated office. (This requirement is not applicable to current office managers of the applicant that have previously been subjected to a background check **and** have filed a resume with the Division of Banking)

5. \_\_\_\_\_ **Agent for Service of Process:**

Provide the information requested below for the attorney located in Rhode Island, other than the manager or an official of the applicant, or company located in Rhode Island whose attorney(s) will accept service of process pursuant to R. I. Gen. Laws § 19-14-10:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

6. \_\_\_\_\_ **All Applicants enclose the following:**

- a. \_\_\_\_\_ A **statement** that describes how the proposed relocation of the office will promote the **convenience and advantage** of the community in which the licensed business is to be conducted (main office only).
- b. \_\_\_\_\_ A **financial statement dated not more than sixty (60) days** prior to the application date showing assets and liabilities, prepared in accordance with generally accepted accounting principles and signed by the applicant (main office only).
- c. \_\_\_\_\_ An **investigation fee** in the amount of two hundred fifty dollars (\$250) for each application submitted, made payable to the General Treasurer, State of Rhode Island, as provided in R. I. Gen. Laws § 19-14-12(b).
- d. \_\_\_\_\_ If the application is being filed to relocate the **main office** of the applicant, a **bond rider**, executed by a Surety Company licensed to do business in Rhode Island, which reflects the change of address.
- e. \_\_\_\_\_ The **ORIGINAL license or branch certificate** that will be re-issued upon approval of the change of address.
- f. \_\_\_\_\_ Customer Communication Contact Form

7. \_\_\_\_\_ **Corporate & Limited Liability Company Applicants Enclose the Following:**

- a. \_\_\_\_\_ A certified copy of the **resolution of the board of directors** (members), which authorizes the filing of this application. The officers/persons who sign this application **must** be named in the resolution.
- b. \_\_\_\_\_ A Certificate of Good Standing dated not more than sixty (60) days from the filing of this application **issued by the Rhode Island Secretary of State**.

8. \_\_\_\_\_ **Partnership and Association Applicants Enclose the Following:**

- a. \_\_\_\_\_ A certified copy of the resolution of the partners, which names the officers/persons, authorized to file and sign this application.
- b. \_\_\_\_\_ Limited Partnerships must provide a Certificate of Good Standing for the Limited Partnership from the Rhode Island Secretary of State.
- c. \_\_\_\_\_ General Partnerships must provide a Certificate of Good Standing for the General Partnership from the City or Town in which they are registered.

**Note:** All information and documentation requested must be submitted concurrently. If, within sixty (60) days of the initial filing of the application, the applicant has failed to provide the necessary factual data in order to complete the application, the Director or the Director's designee may notice the applicant, by certified mail, that the application shall be considered in default and rejected if all necessary data for a completed application is not received within fourteen (14) days of said notice unless the application is withdrawn in writing.

**The applicant, in signing this application, affirms under oath that the responses in the application and all documents appended thereto are true and accurate. Only authorized officers of the applicant may sign the application on this page. Signatures on this page must be original.**

THE APPLICANT IS SIGNING FOR AN ENTITY THAT IS A:

**CHECK ONLY ONE**      \_\_\_\_\_ Corporation      \_\_\_\_\_ General Partnership  
                                 \_\_\_\_\_ Limited Liability Company      \_\_\_\_\_ Sole Proprietorship  
                                 \_\_\_\_\_ Limited Partnership      \_\_\_\_\_ Association  
                                 \_\_\_\_\_ Other (explain) \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(City, State)

by, \_\_\_\_\_  
(Type or Print Name)      Signature      Title

by, \_\_\_\_\_  
(Type or Print Name)      Signature      Title

by, \_\_\_\_\_  
(Type or Print Name)      Signature      Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

My commission expires \_\_\_\_\_, 20\_\_\_\_

Notary Seal



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### CUSTOMER COMMUNICATION CONTACT FORM

**THIS FORM MUST BE COMPLETED AND SIGNED BY AN AUTHORIZED AGENT OF THE LICENSEE AND RETURNED WITH YOUR LICENSE APPLICATION**

This Division receives communications from consumers from time to time that require contact with a licensee. So we may promptly contact the person in your company with responsibility for resolving consumer inquiries or complaints, please provide the following:

Name of Licensee \_\_\_\_\_

D/B/A, if applicable \_\_\_\_\_

License Number \_\_\_\_\_

Proposed Main Office Licensed Location

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Contact Person

Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

(Please provide Toll-free number, if available)

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



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Department of Business Regulation



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*E-mail address:* [bankinquiry@dbr.state.ri.us](mailto:bankinquiry@dbr.state.ri.us)

**BIOGRAPHICAL STATEMENT & CONSENT  
FORM RI-BSC**

Each individual identified as an executive officer, a 10% owner, a general partner, a trustee, or an office manager must complete the attached **FORM RI-BSC**.

1. **FEE** - No fee is required for **FORM RI-BSC**.
2. **FINANCIAL RESPONSIBILITY** - Provide a signed **PERSONAL FINANCIAL STATEMENT** which is dated **not more than ninety (90) days** prior to the application date, showing assets and liabilities and positive net worth. **PERSONAL FINANCIAL STATEMENT** must be filed on the attached approved form which will be treated as confidential information that is not open to public inspection at anytime. The form can also be found at [www.dbr.ri.gov](http://www.dbr.ri.gov).
3. **BACKGROUND**
  - a. Two completed Form **FD258** fingerprint cards issued by the Federal Bureau of Investigations (FBI). Along with the cards, provide a check in the amount of **\$35.00** made out to **BCI**, for the FBI background check processing fee (contact your local FBI office, local Attorney General Office, or local Police Office for fingerprint cards). Improperly taken fingerprints will require resubmission of new cards and an additional costs to the applicant/licensee.  
  
Persons residing in the State of Rhode Island **must go directly to the Rhode Island Department of Attorney General** for fingerprinting (in this case submission of the fingerprint cards to the Division is not required) along with a check or money order payable to **BCI** in the amount of **\$35** for the FBI background check processing fee.
  - b. A signed and completed authorization for background check (form provided).
  - c. Complete details of all events or proceedings for any “Yes” answer to the questions contained in **FORM RI-BSC**, 8, Disclosures.
4. **WHO TO CONTACT** – Contact the Division of Banking licensing staff by phone at (401) 222-2405 or send your questions via e-mail to [bankinquiry@dbr.state.ri.us](mailto:bankinquiry@dbr.state.ri.us) for additional assistance.
5. **DELIVERY INSTRUCTIONS** – Please send the completed **FORM RI-BSC** and attachments to the following address:

*State of Rhode Island and Providence Plantations  
Department of Business Regulation  
Division of Banking  
1511 Pontiac Avenue, Bldg. 69-2  
Cranston, Rhode Island 02920*



**PERSONAL FINANCIAL STATEMENT OF:** \_\_\_\_\_

(Type or Print Name)

**DATED AS OF:** \_\_\_\_\_

(Type or Print month/day/year)

ASSETS	LIABILITIES & NET WORTH
Cash on/in hand/banks _____	Accounts Payable _____
US Gov. Securities _____	Rent/Lease/ Mortgage Payable _____
Cash Surrender Value/Life Insurance _____	Taxes Payable _____
Stocks/bonds _____	Interest Payable _____
Loans/Notes Receivable _____	Loans/Notes Payable _____
Real Estate _____	Other Debts/Liabilities _____
Automobiles _____	<b>(B) TOTAL LIABILITIES</b> _____
Other Assets: (Itemize) _____	<b>(C) NET WORTH (A minus B)</b> _____
<b>(A) TOTAL ASSETS</b> _____	<b>Total Liabilities and Net Worth (B plus C)</b> _____

**DECLARATIONS**

	YES	NO
1. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you filed for bankruptcy protection within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you presently delinquent or in default on any financial obligation, debt, or loan guarantee?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Provide an explanation for each YES response</b>		

**Attestation** - The information provided in this financial statement and the related **Declarations** is true and correct as of the date set forth above and that any intentional or negligent misrepresentation that I have made in this financial statement may result in the denial of the application for a license or registration and the imposition of available civil and criminal penalties under R. I. Gen. Law Title 19, Chapter 14.

**Signature of Individual:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE**

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

I, \_\_\_\_\_  
(Type or Print Full Name and Title)

Maiden Name or Former Name \_\_\_\_\_  
Of \_\_\_\_\_  
(Type or Print Residence Address, City, State, Zip Code)

having a date of birth of \_\_\_\_\_ and social security number of \_\_\_\_\_ hereby voluntarily direct and authorize the *Division of Banking* of the Department of Business Regulation to utilize the above information as part of its evaluation of my general character and financial condition. The information may be used for purposes of obtaining a credit report on me and/or may be shared with the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General, the Department of Business Regulation, the employees of the Attorney General's Office and the employees and officials of the Department of Business Regulation in both law and equity which I may now have or in the future may have.

Upon submission of an application for licensure or a change in a licensee's officers, directors, manager or principal owner as defined in R. I. Gen. Laws § 19-14-1(10), each such officer, director, manager or principal owner must provide a signed response to the questions (Additional copies of this form may be reproduced as needed.)

**Attach copy of a Photo ID (i.e. Valid Driver's License or ID Card.**

**Attached:**

The undersigned certifies that the above responses are true and accurate to the best of my knowledge and belief.

Full Name (Type or Print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Notary Seal

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_\_

**UNIFORM BIOGRAPHICAL STATEMENT & CONSENT  
FORM RI-BSC**

**A. GENERAL INSTRUCTIONS**

1. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
2. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the employer of the *applicant*.
3. **DATES** – The filing date is the date *applicant* submits this Form to the *jurisdiction(s)*
4. **AMENDMENTS** – The *applicant* must update biographical information as required in each *jurisdiction* by submitting amendments using **FORM RI-BSC**. On **FORM RI-BSC** circle or otherwise identify the item being amended. Complete only items 1(A) and 1(I), as well as the information that is being amended.

**B. FILING INSTRUCTIONS**

**1. FORMAT**

- A. **Type** or **print** all information.
- B. Use only the current version of **FORM RI-BSC** or a reproduction of it.
- C. The Acknowledgment & Consent section must include notarized original manual signature.
- D. The Employment Representation section must include original manual signature.
- E. Employment history, item 6: provide the full legal name of the company, beginning with your current employer. For the purposes of this history, include both 1099 independent contractor assignments as well as W-2 status employment.

2. **ATTACHMENTS** - Review published *jurisdiction*-specific instructions for required attachments including but not limited to:
  - A. Two Fingerprint Cards as required per item 4 of **FORM RI-BSC**.
  - B. Personal Financial Statement on the approved form.

**C. EXPLANATION OF TERMS** – The following terms are italicized throughout **FORM RI-BSC**

**1. GENERAL**

**APPLICANT** – The executive officer, 10% owner, general partner, trustee, or office manager about whom **FORM RI-BSC** is being filed (including schedules).

**JURISDICTION** – A state, the District of Columbia, the Commonwealth of Puerto Rico, any territory of the United States, or any subdivision or regulatory body thereof.

**2. FOR THE PURPOSE OF ITEM 8**

**CHARGED** – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

**ENJOINED** – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

**FELONY** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

**FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

**FOREIGN FINANCIAL REGULATORY AUTHORITY** – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

**FOUND** – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

**INVOLVED** – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

**MISDEMEANOR** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

**ORDER** – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

**PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).





Applicant full legal name: \_\_\_\_\_

Individual's full legal name: \_\_\_\_\_

<p><b>7. Other Business:</b> Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-<i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p><b>Details:</b></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>
<p><b>8. Disclosures:</b> If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms.</p>		
<p style="text-align: center;"><b>Financial Disclosure</b></p> <p>(A) Within the past ten years:</p> <p style="padding-left: 20px;">(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p style="padding-left: 20px;">(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p>	<p><b>YES</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>NO</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;"><b>Criminal Disclosure</b></p> <p>(D) Have you ever:</p> <p style="padding-left: 20px;">(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p style="padding-left: 20px;">(2) been <i>charged</i> with any <i>felony</i>?</p> <p>(E) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p style="padding-left: 20px;">(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p style="padding-left: 20px;">(2) been <i>charged</i> with any <i>felony</i>?</p> <p>(F)</p> <p style="padding-left: 20px;">(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses or any other offense other than a motor vehicle violation?</i></p> <p style="padding-left: 20px;">(2) Are there pending charges against you for a <i>misdemeanor as described in 8(F)(1)?</i></p> <p>(G) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p style="padding-left: 20px;">(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor specified in 8(F)(1)?</i></p> <p style="padding-left: 20px;">(2) been <i>charged</i> with a <i>misdemeanor specified in 8(F)(1)?</i></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

