



DIVISION OF BANKING
1511 Pontiac Avenue, Building 69-2
Cranston, Rhode Island 02920

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

TO: DEBT MANAGEMENT SERVICE LICENSEES
RE: FINAL ANNUAL REPORT

PLEASE READ ALL DOCUMENTS CAREFULLY

R. I. Gen. Laws §19-14-16 requires any licensee terminating business to notify the Division of Banking ("Division") of such termination in writing **within twenty-four (24) hours from the termination of business¹** at the licensed location.

The Final Annual Report ("Report") must be completed and filed *via a PDF Email attachment to Lucy_Ponte@dbr.state.ri.us* for receipt by the Division, in accordance with the provisions of R. I. Gen. Laws §§ 19-14-16 and 19-14-22, as amended, **within the earlier of thirty (30) days of receipt by the Division of written notice of the surrender of the license, or sixty (60) days of termination of business under the Rhode Island License(s)**, in order to complete the surrender of a license and to avoid late filing penalties of twenty-five dollars (\$25.00) per day. Please submit payment of the filing fee of fifty-five dollars (\$55.00) for each license and each branch certificate included in the Report. **Cancellation or surrender of a license will not be complete until receipt by the Division of a properly completed Report including applicable filing fees and the original license(s) and branch certificate(s), where applicable.**

Very truly yours,

Steven L. Cayouette, CFE
State Chief Bank Examiner

Please contact State Chief Bank Examiner Steven L. Cayouette at (401) 462-9560 or scayouet@dbr.state.ri.us or Systems Analyst Lucy Ponte at (401) 462-9563 or Lucy_Ponte@dbr.state.ri.us if you have any questions related to the filing of this Report.

¹ For purposes of R. I. Gen. Laws §19-14-16 a licensee terminates business when it no longer engages in activity governed by the Rhode Island license, whether or not the licensee terminates all other business.



State of Rhode Island
Department of Business Regulation



DIVISION OF BANKING
1511 Pontiac Avenue, Building 69-2
Cranston, Rhode Island 02920

FINAL ANNUAL REPORT

DEBT MANAGMENT PLAN LICENSEES

FOR THE PERIOD FROM JANUARY 1, 2009 THROUGH THE DATE OF TERMINATION OF BUSINESS

Pursuant to Sections 16 and 22 of Chapter 14 of Title 19 of the General Laws of Rhode Island, each licensee must file this Annual Report ("Report"). The information contained in this Report is, unless otherwise noted, **available to the public** pursuant to The Rhode Island Access to Public Records Act (R. I. Gen. Laws § 38-2-1 *et seq.*).

License Number # _____

Name of Licensee **as it Appears on the Main Office License** (include d/b/a if applicable)

Street, City, State, Zip Code (**Address as it Appears on the Main Office License**)

NOTE: The Financial Statement of Condition and Statement of Income and Expenses must be prepared in accordance with Generally Accepted Accounting Principles and must be attested to by: 1) in the case of a **Corporation or Limited Liability Company**, the **President or Treasurer**; 2) in the case of a **Partnership**, by a **General Partner**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

NOTE: The accuracy and correctness of this Report must be attested to below by: 1) in the case of a **Corporation or Limited Liability Company**, at least **two (2) Members of the Board of Directors** (if no directors, other similar officers); 2) in the case of a **Partnership**, by at least **two (2) Partners**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

I, _____
(Type Name & Title of Authorized Officer)
of the named licensee do hereby declare that the Financial Statement of Condition and the Statement of Income and Expenses, including any supporting schedules, provided with this Report have been prepared in accordance with Generally Accepted Accounting Principles and are true and accurate to the best of my knowledge and belief.

The penalty, upon conviction, of filing any false entry in the Report is a maximum of \$50,000 and imprisonment for up to twenty (20) years.

We, the undersigned, have examined the contents of this Report and attest to the completeness, accuracy and correctness of this Report.

Signature of Authorized Officer

Signature of Director Date

Date of Signature

Signature of Director Date

The Licensee may be subject to late filing penalties in accordance with R. I. Gen. Laws § 19-14-22 at the rate of twenty-five dollars (\$25) per day and/or examination fees pursuant to R. I. Gen. Laws § 19-14-23 if an incomplete Report is submitted.

Signature of Partner Date

Signature of Partner Date

Signature of Owner Date

Signatures must be notarized on Page 9 of the Report

THIS REPORT (5 OF 5 PAGES) IS A TIME SENSITIVE DOCUMENT. PLEASE FORWARD THE REPORT TO THE OFFICER/PERSON RESPONSIBLE FOR ITS COMPLETION IMMEDIATELY

Schedule A¹ – Rhode Island Licensed Activity as of the date of termination of business²

1. License Number # _____

2. Are Licenses and Branch Certificates enclosed? Yes _____ No _____

If “NO”, include a written statement that attests to the fact that the Licenses and Branch Certificates have been lost or misplaced.

3. Provide the information requested below for debt management plans outstanding, if applicable, as of business termination date.

Part One – Information on Plans Outstanding

<u>Number of Plans Outstanding</u>	<u>Aggregate Dollar Amount of Debtors’ Funds on Hand</u>	<u>Aggregate Balance of Debtor Obligations Under Management</u>
# _____	\$ _____	\$ _____

Part Two – Information on Rhode Island Debt Management Plan Licensee to whom the plans were transferred

Name _____

Street Address _____

City, State Zip Code _____

Rhode Island License Number _____

Contact Person _____

Telephone Number of Contact Person _____

Date that plans were transferred _____

¹ Schedule A may be reproduced if additional space is necessary.

² Include only Rhode Island licensed activity.

Schedule B - Miscellaneous Information as of the Date of the Filing of This Report

1. Provide the Name of the Surety/Insurance Company that issued the Bond along with the Bond Number and Bond Amount for each Bond in effect as of the filing of this Report.

a) Surety/Insurance Company (not agent) _____
License Number _____ Bond Number _____ Amount \$ _____

Licenses are reminded that they must have adequate bonding in accordance with R. I. Gen. Laws § 19-14-6. Failure to have such bonding on file with the Division may result in the revocation or suspension of the license until such time as proper bonding has been acquired.

2. Provide the name, address and telephone number of the attorney (**other than the manager or an official of the licensee**) or company **in Rhode Island** who will accept service of process pursuant to R. I. Gen. Laws § 19-14-10:

Name _____
Street _____
City, State & Zip Code _____
Telephone Number _____

3. Provide the name, address, telephone and fax number of the custodian of the records for the canceled license.

Name of Custodian of the Records _____
Street _____
City, State & Zip Code _____
Telephone Number (**toll free** if applicable) _____
Fax Number _____

4. Provide the address, telephone and fax number of the location of the records for the canceled license(s).

Street _____
City, State & Zip Code _____
Telephone Number (**toll free** if applicable) _____
Fax Number _____

5. Provide the name, title, telephone and fax number of the individual authorized to respond to questions about this Report:

Name _____
Title _____
Telephone Number (**toll free** if applicable) _____ Fax Number _____
E-mail Address _____

6. Provide the date of termination of business under the Rhode Island License _____

WHERE INSUFFICIENT SPACE IS PROVIDED TO SET FORTH THE FACTS ADEQUATELY, ATTACH A SCHEDULE INDICATING THE DETAILS.

Schedule C - Report Filing Fee Calculation

Enter the License and Branch Certificate Number, **including the two-letter License suffix (i.e. DM, as well as the Branch suffix (i.e. B01, B02, B03, etc.))** for the License and Branch Certificate being surrendered by the licensee.

License Number			# _____
Branch Certificate Number(s)	# _____	# _____	# _____
	# _____	# _____	# _____
a) Number of License and Branch Certificate Numbers entered above			# _____
b) Filing fee per License and Branch Certificate			\$5500
c) Total Report Filing Fee (a x b)			\$ _____

**CHECK MUST BE MADE PAYABLE TO
 “GENERAL TREASURER - STATE OF RHODE ISLAND”**

PLEASE NOTE: CHECKS WITH THE INCORRECT PAYEE WILL BE RETURNED

**Return Check To
 Department of Business Regulation
 Division of Banking
 1511 Pontiac Avenue, Building 69-2
 Cranston, RI 02920**

Please contact State Chief Bank Examiner Steven L. Cayouette at (401) 462-9560 or scayouet@dbr.state.ri.us or Systems Analyst Lucy Ponte at (401) 462-9563 or Lucy_Ponte@dbr.state.ri.us if you have any questions related to the filing of this Report. The Division prefers to respond to questions in advance so licensees may avoid Report filing delays and the penalties associated with the filing of an incomplete or inadequate Report.

**Late Filing Penalties Are Twenty-Five Dollars (\$25) Per Day
 For The Delayed Filing Of The Report**

Schedule D - Notary

This schedule is to be used to satisfy the signature witness requirement of the Report filing. The directors, partners, or sole proprietor signatures, whichever is applicable, appearing on page 1 of this Report are to be witnessed on this Schedule.

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20____
before me personally appeared _____, known by me to be the party executing the
foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20____
before me personally appeared _____, known by me to be the party executing the
foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public

A COPY OF THIS SCHEDULE MUST ACCOMPANY YOUR PAYMENT					
PAYMENT SCHEDULE	Column 1 Main Office	Column 2 Number of Additional Offices	Column 3 Total Locations (Column 1 + Column 2)	Column 4 Fee per Office	Column 5 Total Fee (Col 3 x Column 4)
	1			\$55	\$

Licensee full legal name: _____

License Number(s) _____

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

Make a copy of this Completed Page 6 and mail the Original Completed Page 6 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**

**PAGES 1 THROUGH 5 MUST BE SUBMITTED AS A
PDF ATTACHMENT VIA EMAIL TO:**

Lucy_Ponte@dbr.state.ri.us