



**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 business<sup>1</sup>** 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](mailto: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](mailto:scayouet@dbr.state.ri.us) or Systems Analyst Lucy Ponte at (401) 462-9563 or [Lucy\\_Ponte@dbr.state.ri.us](mailto:Lucy_Ponte@dbr.state.ri.us) if you have any questions related to the filing of this Report.**

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<sup>1</sup> 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 MANAGEMENT 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 A<sup>1</sup> – Rhode Island Licensed Activity as of the date of termination of business<sup>2</sup>**

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 \_\_\_\_\_

<sup>1</sup> Schedule A may be reproduced if additional space is necessary.

<sup>2</sup> 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@dbm.state.ri.us](mailto:scayouet@dbm.state.ri.us) or Systems Analyst Lucy Ponte at (401) 462-9563 or [Lucy\\_Ponte@dbm.state.ri.us](mailto:Lucy_Ponte@dbm.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**

<b>PAYMENT SCHEDULE</b>	<b>A COPY OF THIS SCHEDULE MUST ACCOMPANY YOUR PAYMENT</b>			
<b>Column 1 Main Office</b>	<b>Column 2 Number of Additional Offices</b>	<b>Column 3 Total Locations (Column 1 + Column 2)</b>	<b>Column 4 Fee per Office</b>	<b>Column 5 Total Fee (Col 3 x Column 4)</b>
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](mailto:Lucy_Ponte@dbr.state.ri.us)