



DIVISION OF BANKING
233 Richmond Street, Suite 231
Providence, Rhode Island 02903-4231

Telephone (401) 222-2405 - Facsimile (401) 222-5628 - TDD (401) 222-2999

TO: LENDER, SMALL LOAN LENDER AND LOAN BROKER 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 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 forward the Report along with a 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,

A handwritten signature in black ink that reads "Dennis F. Zioli".

Dennis F. Zioli
Associate Director &
Superintendent of Banking

Please contact State Chief Bank Examiner Steven L. Cayouette at (401) 222-5429 or scayouet@dbr.state.ri.us or Systems Analyst Lucy Ponte at (401) 222-2405 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.

Schedule A - Rhode Island Licensed Activity from January 1, 2007 to the Date of Termination of Business¹

1. License Number(s) # _____ # _____ # _____

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. LENDER AND SMALL LOAN LENDER LICENSEES ONLY

a) Number and original dollar amount of loan applications taken (**including withdrawn and denied applications**) and/or of retail installment contracts purchased under the Rhode Island Lender and/or Small Loan Lender license(s) from January 1, 2007 through the date of the termination of business.

	<u>Number of Loans</u>	<u>Dollar Amount</u>
i. Mortgages	# _____	\$ _____
ii. Auto, personal & other loans excluding loans originated under a Small Loan License	# _____	\$ _____
iii. Small Loans	# _____	\$ _____
iv. Total loan applications taken through the date of termination of business (all types)	# _____	\$ _____

b) Number of loans held under the Rhode Island Lender and Small Loan Lender license(s) and dollar amount of said loan balances carried on the books of the licensee as loan receivables (**including retail installment contracts purchased**) as of the date of the termination of business.

	<u>Number of Loans</u>	<u>Dollar Amount</u>
i. Mortgages	# _____	\$ _____
ii. Auto, personal & other loans excluding loans originated under a Small Loan License	# _____	\$ _____
iii. Small Loans	# _____	\$ _____

4. LOAN BROKERS LICENSEES ONLY

Number and dollar amount of loan applications taken (**including withdrawn and denied applications**) under the Rhode Island Loan Broker license from January 1, 2007 through the date of the termination of business.

	<u>Number of Loans</u>	<u>Dollar Amount</u>	<u>Fees Generated²</u>
i. Mortgages	# _____	\$ _____	\$ _____
ii. Other Loans	# _____	\$ _____	\$ _____
iii. Total loan applications taken through the termination of business.	# _____	\$ _____	\$ _____

¹ Include only Rhode Island activity.

² Fees shall include origination, broker and any form of compensation received as a result of the licensed activity.

Schedule B - Miscellaneous Information

1. Provide the Name of the Surety who issued the Bond along with the Bond Number and Bond Amount for each Bond outstanding as of the filing of this Report.

Name of Surety (not agent) _____

License Number _____ Bond Number _____ Amount _____

License Number _____ Bond Number _____ Amount _____

License Number _____ Bond Number _____ Amount _____

Licensees are reminded that any bonds issued must remain on file with the Division until the applicable statute of limitations for causes of action have expired (R. I. Gen. Laws § 9-1-1 *et seq.*).

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. Reason for termination of business under the Rhode Island License (Check (√) only one):

- a. _____ all Rhode Island lending/loan brokering activity has terminated.
- b. _____ all Rhode Island lending/loan brokering activity continues pursuant to authority under federal law.
- c. _____ all Rhode Island lending/loan brokering activity continues pursuant to an exemption under R. I. Gen. Laws § 19-14.1-10(a)(4) relating to banks, financial institutions or credit unions organized under the laws of another state.

If 5(a) is checked (√) above and any applications were pending **as of the date of termination of business under the Rhode Island License** check (√) **“i”** below and provide on a separate sheet a list containing the name of the applicant along with the applicant’s address, scheduled closing date, and amount of loan requested and the identity of the person to whom said loans were transferred. If no applications pending check (√) **“ii”** below:

- i. List of pending applications enclosed _____
- ii. No applications pending _____

Schedule B - Miscellaneous Information (continued)

6. a. If the licensee **will not retain** the loans in portfolio as of the date of termination of Rhode Island business, provide the name, address, telephone and fax number and type of entity who will **retain and service** said loans.

Name _____

Street _____

City, State & Zip Code _____

Telephone Number (**toll free** if applicable) _____

Fax Number _____

Type of entity _____

- b. If the licensee is a Rhode Island Loan Broker or will retain the loans in portfolio as of the date of termination of Rhode Island, business indicate "**Not Applicable**" for this Item where indicated below:

_____ **Not Applicable:**

7. Provide the name, 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 _____

8. Provide the date of termination of business under the Rhode Island License(s). _____

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

CHECK MUST BE MADE PAYABLE TO
"GENERAL TREASURER - STATE OF RHODE ISLAND"
PLEASE NOTE: CHECKS WITH THE INCORRECT PAYEE WILL BE RETURNED

**Return The Report Along With Check
To**

**Department of Business Regulation
Division of Banking
233 Richmond Street, Suite 231
Providence, RI 02903-4231**

Please contact State Chief Bank Examiner Steven L. Cayouette at (401) 222-5429 or scayouet@dbr.state.ri.us or Systems Analyst Lucy Ponte at (401) 222-2405 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 C - Report Filing Fee Calculation

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

1. LENDER LICENSEES (suffix LL)

License Number	#		#	
Branch Certificate Number (s)	#	#	#	#
	#	#	#	#
	#	#	#	#
	#	#	#	#

a) Number of LENDER License and Branch Certificate Numbers entered above	#
b) Report filing fee per License and Branch Certificate	\$ 55.00
c) Total LENDER Report filing fee (1a x 1b)	\$

2. SMALL LOAN LENDER LICENSEES (suffix SL)

License Number	#		#	
Branch Certificate Number(s)	#	#	#	#
	#	#	#	#
	#	#	#	#
	#	#	#	#

a) Number of SMALL LOAN LENDER License and Branch Certificate Numbers entered above	#
b) Report filing fee per License and Branch Certificate	\$ 55.00
c) Total SMALL LOAN LENDER Report filing fee (2a x 2b)	\$

3. LOAN BROKER LICENSEES (suffix LB)

License Number	#		#	
Branch Certificate Number(s)	#	#	#	#
	#	#	#	#
	#	#	#	#
	#	#	#	#

a) Number of LOAN BROKER License and Branch Certificate Numbers entered above.	#
b) Annual license fee per License and Branch Certificate	\$ 55.00
c) Total LOAN BROKER annual license fee (3a x 3b)	\$

4. TOTAL REPORT FILING FEES DUE (Sum of 1c, 2c, and 3c)

	\$
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Schedule E – Notary Public

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