



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

**TO: SALE OF CHECKS, ELECTRONIC MONEY TRANSFER, CHECK CASHING, AND DEBT MANAGEMENT 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 [bankinquiry@dbr.ri.gov](mailto:bankinquiry@dbr.ri.gov)* 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.**

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,

Sara Paterson Cabral  
Supervisor of Examinations

**Please contact Supervisor of Examinations, Sara Paterson Cabral at (401) 462-9570 or [sara.cabral@dbr.ri.gov](mailto:sara.cabral@dbr.ri.gov) or Assistant Supervisor of Examinations, Rebecca L. Specht at (401) 462-9564 [rebecca.specht@dbr.ri.gov](mailto:rebecca.specht@dbr.ri.gov) 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



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Cranston, Rhode Island 02920

Telephone (401) 462-9503 - Facsimile (401) 462-9532

**FINAL ANNUAL REPORT**

**SALE OF CHECKS, ELECTRONIC MONEY TRANSFER, AND CHECK CASHING LICENSEES**

**FOR THE PERIOD FROM JANUARY 1, \_\_\_\_ 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 Rhode Island CHECK SELLER, ELECTRONIC MONEY TRANSMITTER AND CHECK CASHER LICENSEE must file this Final Annual Report ("Report") in order to surrender a license issued pursuant to Chapter 14 of Title 19 of the Rhode Island General Laws.

License/Registration Number(s) # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_

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 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.

**NOTE:** The accuracy and correctness of this Report must be attested to by: 1) in the case of a **Corporation or Limited Liability Company**, at least **two (2) Members of the Board of Directors**; 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**.

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 Director Date

\_\_\_\_\_  
Signature of Director Date

\_\_\_\_\_  
Signature of Partner Date

\_\_\_\_\_  
Signature of Partner Date

\_\_\_\_\_  
Signature of Owner Date

**THIS REPORT (6 OF 6 PAGES) IS A TIME SENSITIVE DOCUMENT. PLEASE FORWARD THE REPORT TO THE OFFICER/PERSON RESPONSIBLE FOR ITS COMPLETION IMMEDIATELY**

**Schedule A - Rhode Island Licensed Activity from January 1, \_\_\_\_ to the Date of Termination of Business<sup>1</sup>**

1. License/Registration Number(s) # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_
2. Are Licenses/Registrations and Branch Certificates enclosed? Yes \_\_\_\_\_ No \_\_\_\_\_

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

### 3. SALE OF CHECK LICENSEES ONLY

Number and dollar amount of checks<sup>2</sup> sold under the Rhode Island Sale of Check License from January 1, \_\_\_\_\_ through the date of the termination of business.

	<u>Number</u>	<u>Dollar Amount</u>
Checks Sold	# _____	\$ _____

4 ELECTRONIC MONEY TRANSFER LICENSEES ONLY

Number and original dollar amount of money transfers made under the Rhode Island Electronic Money Transfer License from January 1, \_\_\_\_ through the date of the termination of business.

	<u>Number</u>	<u>Dollar Amount</u>
Money Transfers Made	# _____	\$ _____

5 CHECK CASHING LICENSEES ONLY

Number and dollar amount of checks cashed under the Rhode Island Check Cashing License from January 1, \_\_\_\_\_ through the date of the termination of business.

	<u>Number</u>	<u>Dollar Amount</u>
Checks Cashed	# _____	\$ _____

6 DEBT MANAGEMENT SERVICES LICENSEES ONLY

Number and dollar amount of active agreements still being serviced under the Rhode Island Debt Management Services Registration from January 1, \_\_\_\_ through the date of the termination of business.

	<u>Number</u>	<u>Dollar Amount</u>
Checks Cashed	# _____	\$ _____

<sup>1</sup> Include only Rhode Island licensed activity.

<sup>2</sup> Checks as defined in R. I. Gen. Laws § 19-14-1.

### 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 or Securities on Deposit in lieu of Bond outstanding as of the filing of this Report.

a) Surety (not agent) \_\_\_\_\_

License Number _____	Bond Number _____	Amount \$ _____
License Number _____	Bond Number _____	Amount \$ _____

b) Name of Custodian of Securities on Deposit-in-lieu of Bond \_\_\_\_\_

License Number _____	Securities on Deposit-in-lieu of Bond Number _____	Amount \$ _____
License Number _____	Securities on Deposit-in-lieu of 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. Indicate below with a (√) whether there were any transactions pending **as of the date of termination of Rhode Island business**. If any transactions were pending, provide a list which includes the name and address of the licensee's customer, the amount of the transaction and an explanation of the final disposition of the transaction(s).

a) List of pending transactions enclosed \_\_\_\_\_

b) No transactions pending \_\_\_\_\_

**Schedule B - Miscellaneous Information (continued)**

6. 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 \_\_\_\_\_

7. 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 Check To  
Department of Business Regulation  
Division of Banking  
1511 Pontiac Avenue, Building 68-2  
Cranston, RI 02920**

Please contact Supervisor of Examinations, Sara Paterson Cabral at (401) 462-9570 or [sara.cabral@dbr.ri.gov](mailto:sara.cabral@dbr.ri.gov) or Assistant Supervisor of Examinations, Rebecca L. Specht at (401) 462-9564 [rebecca.specht@dbr.ri.gov](mailto:rebecca.specht@dbr.ri.gov) 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 This Report**

<b>Schedule C - Report Filing Fee Calculation</b>
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Enter the License and Branch Certificate Number, **including the two-letter License suffix (i.e. SC, MT, or CC), as well as the Branch suffix (i.e. B01, B02, B03, etc.)** for each License and Branch Certificate being surrendered by the licensee.

**1. SALE OF CHECK LICENSEES (suffix SC)**

License Number	# _____
Report Filing Fee	\$ 55.00

**2. ELECTRONIC MONEY TRANSFER LICENSEES (suffix MT)**

License Number	# _____
Report Filing Fee	\$ 55.00

**3. CHECK CASHING LICENSEES (suffix CC)**

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

a) Number of CHECK CASHING License and Branch Certificate Numbers entered above	# _____
b) Report Filing fee per License and Branch Certificate	\$ 55.00
c) Total CHECK CASHING Report filing fee (3a x 3b)	\$ _____

<b>4. TOTAL REPORT FILING FEES DUE (Sum of 1, 2, and 3c)</b>	<b>\$ _____</b>
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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

PAYMENT SCHEDULE	A COPY OF THIS SCHEDULE MUST ACCOMPANY YOUR PAYMENT			
	Column 1 Main	Column 2 No. Branches	Column 3 No. Main and Branches (column 1 plus column 2)	Column 4 Total Fee by Type (column 3 multiplied by \$55)
License Type				
Sale of Check				
Electronic Money Transfer				
Check Cashing				
Total				

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 7 and mail the Original  
Completed Page 7 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**

**PAGES 1 THROUGH 6 MUST BE SUBMITTED AS A  
PDF ATTACHMENT VIA EMAIL TO:**

**bankinquiry@dbr.ri.gov**