



# ANNUAL REPORT



## Check Casher/Sale of Checks/Electronic Money Transfers/Debt Management/Small Loan Lender Licensees

Licensee Name: \_\_\_\_\_

License Number(s): \_\_\_\_\_

Main Office Address  
\_\_\_\_\_  
\_\_\_\_\_

### Instructions:

All current licensees must file an Annual Report with the Division of Banking (“Division”) by **March 31, 2016**.

#### 1. Financial Statements:

Rhode Island requires a Statement of Financial Condition as of December 31, 2015 and a Statement of Income and Expenses for the twelve months ended December 31, 2015, both attested to by an executive officer and prepared in accordance with Generally Accepted Accounting Principles (“GAAP”).

- 2. License costs: There is **NO FEE** for this filing.
- 3. Delayed Filing: Any licensee who fails to file the requested information by **March 31, 2016** will be subject to a **daily penalty of \$25 per license** until the Division receives the information.
- 4. The enclosed checklist and all attachments must be emailed via **one** PDF attachment and the subject in the e-mail must be “2016 Annual Report” to:  
(If attachment is a zip file, you must send a separate email notification stating that fact):

[\*\*DBR.BankInquiry@dbr.ri.gov\*\*](mailto:DBR.BankInquiry@dbr.ri.gov)

- 5. For additional assistance contact Rebecca L. Specht at [\*\*rebecca.specht@dbr.ri.gov\*\*](mailto:rebecca.specht@dbr.ri.gov) as stated in the notice.

Licensee Name: \_\_\_\_\_

License Number(s): \_\_\_\_\_

UPLOAD ONTO NMLS	ITEM
<input type="checkbox"/>	<b>FINANCIAL STATEMENTS: UPLOAD ONTO NMLS</b> A SIGNED FINANCIAL STATEMENT REPRESENTING LICENSEE'S FINANCIAL POSITION AS OF DECEMBER 31, 2015 INCLUDING, AT A MINIMUM, A BALANCE SHEET AND INCOME STATEMENT, PREPARED IN ACCORDANCE WITH GAAP.
<input type="checkbox"/>	<b>(FOR SMALL LOAN LENDER LICENSEES ONLY)</b> <b>INSURANCE CLAIM CHECK AUTHORIZED AGENT:</b> AS REQUIRED BY R. I. GEN. LAWS § 27-5-3.3 PROVIDE THE FOLLOWING FOR THE AGENT LOCATED IN THE STATE OF RHODE ISLAND WITH AUTHORITY TO ENDORSE INSURANCE CLAIM CHECKS ( <b>NOTE: CT CORPORATION SYSTEM, NATIONAL REGISTERED AGENTS AND CORPORATION SERVICE COMPANY DO NOT PROVIDE THIS SERVICE</b> ). NAME: _____ TITLE: _____ TELEPHONE: _____ FAX: _____ E-MAIL ADDRESS: _____
<input type="checkbox"/>	<b>AGENT LOCATIONS: (SALE OF CHECKS/ELECTRONIC MONEY TRANSFERS/DEBT-MANAGEMENT PROVIDERS ONLY):</b> ( <u>SALE OF CHECKS/ELECTRONIC MONEY TRANSFER LICENSEES ONLY</u> ) UPLOAD LIST OF AGENT INFORMATION USING THE AUTHORIZED DELEGATE FUNCTIONALITY ON NMLS AND <u>OTHER LICENSEES</u> PROVIDE THE INFORMATION CONTAINED BELOW FOR EACH AGENT LOCATION IN USE BY THE LICENSEE AS OF THE FILING OF THIS REPORT AND SUBMIT THIS LIST BY E-MAIL WITH THE REST OF THE ANNUAL REPORT ( <b>INCLUDE ADDITIONAL SHEETS AS NEEDED</b> ). NAME: _____ TELEPHONE: _____ FAX: _____ E-MAIL ADDRESS: _____ <b>DATE: APPOINTED:</b> _____
<input type="checkbox"/>	<b>BRANCH OFFICE INFORMATION: (CHECK CASHERS AND SMALL LOAN LENDER LICENSES ONLY)</b> - INCLUDE A STATEMENT OF FINANCIAL CONDITION AND STATEMENT OF INCOME AND EXPENSE FOR EACH BRANCH LOCATION AS A SUBORDINATE FINANCIAL STATEMENT ON NMLS USING THE FOLLOWING FORMAT TO IDENTIFY WHICH FINANCIAL STATEMENT BELONGS TO ITS APPLICABLE BRANCH OFFICE:

	BRANCH CERTIFICATE NUMBER(S) # _____ ADDRESS: _____ CITY/STATE/ZIP CODE: _____ TELEPHONE: _____ FAX: _____ E-MAIL ADDRESS: _____ BRANCH MANAGER NAME _____
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## ATTESTATION

Licensee Name: \_\_\_\_\_

License Number(s): \_\_\_\_\_

Main Office Address: \_\_\_\_\_

**BOND/INSURANCE ATTESTATION.** I affirm/attest that the Licensee's surety bond (or alternative) remains in compliance with the requirements of the Division.

**LEGAL AUTHORITY ATTESTATION.** I affirm/attest that the Licensee remains in good standing with each state's Secretary of State's office, or other applicable agencies. *(Not applicable to Sole Proprietors)*

**FINANCIAL RESPONSIBILITY ATTESTATION.** I affirm/attest that the Licensee meets the financial responsibility/net worth requirements as required by the Division.

\*Any authorize Corporate Officer of a licensee may sign and attest to the information listed on this report as being true and accurate. Only one (1) signature is required on this report.

I verify that I am the named person below and an authorized representative of the licensee.

\_\_\_\_\_  
**Name (Type)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

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

# CALENDER YEAR ACTIVITY

Licensee Name: \_\_\_\_\_

License Number(s): \_\_\_\_\_

Provide the following information for all loan applications taken and/or transactions processed under the Rhode Island License during the calendar year immediately preceding this filing.

	<u>Number</u>	<u>Dollar Amount</u>
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**SMALL LOANS ONLY**

Number and dollar amount of loans made:	# _____	\$ _____
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**SALE OF CHECK LICENSEES ONLY**

Number and dollar amount of checks <sup>1</sup> sold:	# _____	\$ _____
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**ELECTRONIC MONEY TRANSFER LICENSEES ONLY**

Number and original dollar amount of money transfers made:	# _____	\$ _____
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**CHECK CASHING LICENSEES ONLY**

Total Number and dollar amount of checks cashed: (*Attach detailed breakdown for each licensed location)	# _____	\$ _____
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Total Pay day loans included in above: (*Attach detailed breakdown for each licensed location)	# _____	\$ _____
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**DEBT MANAGEMENT LICENSEES ONLY**

Debt management 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>
# _____	\$ _____	\$ _____

\_\_\_\_\_  
**Name (Type)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

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

<sup>1</sup> R. I. Gen. Laws § 19-14-1(1) - "Check" means any check, draft, money order, personal money order, or other instrument for the transmission or payment of money.