



ANNUAL REPORT

Jurisdiction-Specific Requirements



Rhode Island Lender & Loan Broker Licensees

NMLS Unique ID Number: _____

Applicant Legal Name: _____

Rhode Island License Number(s): _____

Instructions

1. All current licensees must file an Annual Report with the Division of Banking (“Division”) for their license by **March 31, 2011**.
2. **Financial Statements: (Check whichever is applicable)**
 - Licensee with a Fiscal Year End of December 31st:**
Rhode Island requires a Statement of Financial Condition as of December 31, 2010 and a Statement of Income and Expenses for the twelve months ended December 31, 2010, both attested to by an executive officer and prepared in accordance with Generally Accepted Accounting Principles. **The financial statements are to be submitted through the NMLS.**
 - Licensee with Other Fiscal Year End:**
Rhode Island requires a Statement of Financial Condition as of December 31, 2010 and a Statement of Income and Expenses for the twelve months ended December 31, 2010, both attested to by an executive officer and prepared in accordance with Generally Accepted Accounting Principles. **The fiscal year end statements must be submitted through the NMLS and the December 31st financial statements must be filed with this checklist.**
3. License costs: There is no Rhode Island fee for this filing.
4. Delayed Filing: Any licensee who fails to file the requested information by **March 31, 2011** will be subject to a **daily penalty of \$25 per license** until the Division receives the information.
5. The enclosed checklist and all attachments must be emailed via **one** PDF attachment to the following (all others will not be accepted):

Marie F. Sammartino
Principal Bank Examiner
msammartino@dbr.ri.gov

Rhode Island Department of Business Regulation
Division of Banking

6. For additional assistance contact Division of Banking licensing staff by phone at 401-462-9503 or send your questions via email to bankinquiry@dbr.ri.gov.

NMLS Unique ID Number: _____

Applicant Legal Name: _____

Rhode Island License Number(s): _____

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	FINANCIAL STATEMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<p>INSURANCE CLAIM CHECK AUTHORIZED AGENT. 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 (FOR LICENSED LENDERS ONLY).</p> <p>(NOTE: CT Corporation System, National Registered Agents and Corporation Service Company DO NOT provide this service).</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>EXAMINATION CONTACT. Provide the following for the individual to be contacted with respect to scheduling an examination of the licensee pursuant to R. I. Gen. Laws § 19-14-23.</p> <p>Name: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail Address: _____</p>

ATTESTATION

NMLS Unique ID Number: _____

Applicant Legal Name: _____

Rhode Island License Number(s): _____

BOND ATTESTATION. In all jurisdictions that apply, I affirm/attest that the Licensee's surety bond (or alternative) remains in compliance with the requirements of the jurisdiction.

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

REPORTING ATTESTATION. In all jurisdictions that apply, I affirm/attest that qualified individual(s) of the Licensee will complete such requirements within the timeframe mandated by the jurisdictions in which the company is licensed and/or registered.

EDUCATION & TRAINING ATTESTATION. In all jurisdictions that apply, I affirm/attest that all individuals required to complete continuing education courses will complete such requirements within the timeframe mandated by the jurisdictions in which the company is licensed and/or registered. (Check whichever is applicable. If not applicable, attach an explanation)

Yes___ No___ Not Applicable_____

FINANCIAL RESPONSIBILITY ATTESTATION. In all jurisdictions that apply, I affirm/attest that the Licensee meets the financial responsibility/net worth requirements as required by each jurisdiction.

Name (Type)

Signature

Title

Date

COMPANY CALENDER YEAR ACTIVITY

NMLS Unique ID Number: _____

Licensee Legal Name: _____

Rhode Island License Number(s): _____

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

	<u>Number of Loans</u>	<u>Dollar Amount</u>
Mortgage applications taken:	_____	_____
Reverse mortgage applications taken:	_____	_____
Other loan applications taken:	_____	_____
Total of all RI applications taken:	_____	_____
Total of above that were approved:	_____	_____
Total of above that were denied:	_____	_____
Total of above that were withdrawn:	_____	_____
Total RI loans approved <u>and</u> closed or funded:	_____	_____
OTHER provide description: (use additional sheets if necessary)	_____	_____
Total retail installment contracts acquired:	_____	_____

ATTESTATION

I, _____, make oath and say that the information on loan activity contained on this page is true, accurate and complete and is provided under the penalty of perjury, or unsworn falsification to authorities, or similar provisions as provided by law.

I understand that if I have made a false statement of a material fact in this report or in any documentation provided to support the information contained in this report, that I may be subjecting the license(s) to administrative action up to and including revocation. I verify that I am the named person above and an authorized representative of the licensee.

Name (Type)

Signature

Title

Date

MORTGAGE LOAN ORIGINATOR CALENDER YEAR ACTIVITY

Company NMLS Unique ID Number: _____

Company Legal Name: _____

Company Rhode Island License Number(s): _____

Provide the following information for all mortgage loan applications taken under the Rhode Island License during the calendar year immediately preceding this filing. ***A separate form must be completed for each Mortgage Loan Originator employed by the licensed company.***

	<u>Number of Loans</u>	<u>Dollar Amount</u>
Mortgage applications taken:	_____	_____
Reverse mortgage applications taken:	_____	_____
Total of RI mortgage loan applications taken:	_____	_____
Total of above that were approved:	_____	_____
Total of above that were denied:	_____	_____
Total of above that were withdrawn:	_____	_____
Total RI loans approved <u>and</u> closed:	_____	_____

Mortgage Loan Originator (“MLO”) ATTESTATION.

I, _____, (MLO) make oath and say that the information of mortgage loan activity contained on this page is true, accurate and complete and is provided under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law.

If I have made a false statement of a material fact in this report or in any documentation provided to support the information contained in this report, then my MLO license may be subject to administrative action.

I verify that I am the named person above.

MLO NMLS Unique ID Number

Name (Type Name of MLO)

Signature

Date