

State of Rhode Island Department of Business Regulation



DIVISION OF BANKING

1511 Pontiac Avenue, Building 68-1 Cranston, RI 02920 Telephone (401) 462-9503

RHODE ISLAND BANK HOLDING COMPANY SUPPLEMENT TO THE FEDERAL RESERVE BANK HOLDING COMPANY CALL REPORT AT THE CLOSE OF BUSINESS DECEMBER 31, 2023

This Report is required by law: Chapter 6 of Title 19 of the General Laws of Rhode Island and is to be filed by Rhode Island Bank Holding Companies that **file** annual reports with the Board of Governors of the Federal Reserve.

A Rhode Island Bank Holding Company is any company, association, partnership, corporation or any other entity, however formed that controls a regulated institution. Any entity has control over a regulated institution if: (A) the entity directly or indirectly owns, controls, or has power to vote 25% or more of any class of voting securities of the regulated institution; (B) the entity controls in any manner the election of a majority of the directors or trustees of the regulated institution; or (C) the Director of Business Regulation ("Director") determines, after notice and opportunity for hearing, that the entity directly or indirectly exercised a controlling influence over the management or policies of the regulated institution.

An entity includes any business trust, or similar organization, or any other trust unless by its terms it must terminate within twenty-five years or not later than twenty-one years and ten months after the death of individuals living on the effective date of the trust. Subsidiary with respect to a specified Rhode Island Bank Holding Company means any regulated institution: (A) 25% or more of whose voting shares is directly or indirectly owned or controlled by such Rhode Island Bank Holding Company; (B) the election of a majority of whose directors is controlled in any manner by such Rhode Island Bank Holding Company; or (C) with respect to the management of policies, such Rhode Island Bank Holding Company has the power, directly or indirectly, to exercise a controlling influence, as determined by the Director, after notice and opportunity for hearing.

NOTE: The Consolidated Financial Statements for Rhode Island Bank Holding Companies must be signed on this page by one director of the bank holding company and must be attested to on page 4 by not less than three (3) directors. This individual should also be a senior official of the bank holding company. In the event that the bank holding company does not have an individual who is a senior official and is also a director, the Chairman of the Board must sign the report.

I,				
(Type or print name)		(Type or print t	itle)	
have reviewed the Consolidated Financial named Rhode Island Bank Holding Comptheir information.		C 1	•	
Signature	Legal Title of I	Rhode Island Bank Holding	Company	
	Street Address	Street Address of the Rhode Island Bank Holding Company		
	City	State	Zip Code	

Sch	edule HO Officers of	Corporation				
Name	;	Title				
Scheo	dule HD Directors/Tr	ustees of Corporation				
Name		Name				
Scheo	dule HS Report of Sto	ockholders				
1.	Total Number of Stoo	kholders:				
2.	Types and Number of	Types and Number of Shares of Capital Stock Authorized and Outstanding:				
	Type	Number Authorized	Number Outstanding			
			_			
			_			

dule HS Report of Stockho	lders (continued)			
3. Date and Amount of Dividends Declared on Capital Stock During Period				
Type	Date	Rate%	Amount \$	
Type	Date	Rate%	Amount \$	
Type	Date	Rate%	Amount \$	
Type	Date	Rate%	Amount \$	
Stockholders Owning 15%	or More of Stock:			
Name		Name		9/
			-	
			-	
Date of the Annual Meeting	g of Shareholders/Stockhold	ers:		
Person to whom questions	about this report should be d	lirected:		
Name				
Title				
Telephone number				
Facsimile number				
E-mail address				
	Date and Amount of Divide Type Type Type Type Stockholders Owning 15% Name Date of the Annual Meeting Person to whom questions Name Title Telephone number Facsimile number	Type Date Type Date Type Date Type Date Type Date Type Date Type Date Stockholders Owning 15% or More of Stock: Name 9% 9%	Date and Amount of Dividends Declared on Capital Stock During Period: Type Date Rate	Date and Amount of Dividends Declared on Capital Stock During Period: Type Date Rate

7. Complete **Confidential Exhibit A** (enclosed) with the Holding Company's Federal Employer Identification Number.

CERTIFICATION

STATE OF RHODE ISLAND)	
County of)	
We		President/Vice-President
and		Secretary/Treasurer
of		
do solemnly swear that the foregoing State Su that the schedules of these reports correctly rethe best of our knowledge and belief.	epresent the true state of the s	everal matters herein contained to
		Secretary/Treasurer
Sworn to and subscribed before me this	day of	2023.
		Notary Public
·		My commission expires
Seal		
Attest:	,	1
)	Directors
)	

CONFIDENTIAL EXHIBIT A FEDERAL EMPLOYER IDENTIFICATION NUMBER

Name of Holding Company:		
Federal Employer Identification Number:		

Name of Bank Holding Comp	any:
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PAYMENT TRANSMITTAL VOUCHER \$50.00 Filing Fee

Check must be payable to: "General Treasurer, State of Rhode Island"

Mail a copy of this page with your check to:

State of Rhode Island
Department of Business Regulation
Division of Banking
1511 Pontiac Avenue
Building 68-1
Cranston, RI 02920-4407
Telephone: (401) 462-9503

Return Completed Pages 1 through 5
via email as a PDF attachment
on or before February 28, 2024 to
Melanie.Aragao@dbr.ri.gov