



**State of Rhode Island**  
**Department of Business Regulation**



**DIVISION OF BANKING**

Please submit this filing along with all required responses and attachments in PDF form to;

**DBR.Bankinquiry@dbr.ri.gov**

If you have any questions, please contact the Division at; 401-462-9503

**CERTIFICATE OF MERGER**

**Pursuant to Rhode Island General Laws § 19-5-24**

We, \_\_\_\_\_, President and \_\_\_\_\_, Secretary, of  
 \_\_\_\_\_, and \_\_\_\_\_, President and  
 (Name of Merging Credit Union)  
 \_\_\_\_\_, Secretary, of \_\_\_\_\_ hereby  
 (Name of Surviving Credit Union)

certify that all of the meetings referred to below were held in accordance with proper notices which stipulated the purpose of the meetings, and attest to the following for the respective credit union:

(a) Date, time and place of the meetings of the respective boards of directors:

	<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
1. Date, Time	_____	_____
2. Place	_____	_____

(b) Results of the vote on the plan of merger by the respective boards of directors:

	<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
For Merger	_____	_____
Against Merger	_____	_____
Abstentions	_____	_____

(c) Attached to and made a part of this certificate are copies of exhibits which contain the resolutions or actions by which the plan of merger was agreed upon by the respective boards of directors.

	<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
See Exhibit ( )	_____	_____
	See Exhibit ( )	_____

(d) Date, time and place of the meetings of the members of the respective credit unions (If applicable):

	<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
1. Date, Time	_____	_____
2. Place	_____	_____

(e) Results of the vote on the plan of merger by the members of the respective credit unions:

	<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
For Merger	_____	_____
Against Merger	_____	_____
Abstentions	_____	_____

(f) Form of Vote (place a "/" to indicate form of vote):

(i) Meeting vote of 2/3 of the members present at a meeting of the members called for that purpose:

<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
( )	( )

(ii) Written vote of 2/3 of the members voting, with the number of the members voting equal to the number of the members needed for a quorum:

<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
( )	( )

We further certify in behalf of the respective credit unions that all the other requirements of the law providing for such merger have been met and accomplished.

<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
_____ President	_____ President
_____ Secretary	_____ Secretary

Approved: \_\_\_\_\_  
Elizabeth Kelleher Dwyer, Esq., Superintendent  
Rhode Island Department of Business Regulation

Effective Date: \_\_\_\_\_



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2. Place	_____	_____

(b) Results of the vote on the plan of merger by the respective boards of directors:

<u>Merging Credit Union</u>		<u>Surviving Credit Union</u>	
For Merger	_____	For Merger	_____
Against Merger	_____	Against Merger	_____
Abstentions	_____	Abstentions	_____

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<u>Merging Credit Union</u>		<u>Surviving Credit Union</u>	
See Exhibit ( )		See Exhibit ( )	

Secretary of State Original

(d) Date, time and place of the meetings of the members of the respective credit unions (If applicable):

	<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
1. Date, Time	_____	_____
2. Place	_____	_____

(e) Results of the vote on the plan of merger by the members of the respective credit unions:

	<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
For Merger	_____	_____
Against Merger	_____	_____
Abstentions	_____	_____

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See Exhibit ( )	_____	_____

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	<u>Merging Credit Union</u>	<u>Surviving Credit Union</u>
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2. Place	_____	_____

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