



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

**INTERSTATE BRANCH ADDENDUM
 TO HOME STATE APPLICATION FOR APPROVAL TO
 ESTABLISH AND MAINTAIN A BRANCH OFFICE
 FOR AN OUT-OF STATE BANK OR CREDIT UNION**

PURSUANT TO RHODE ISLAND GENERAL LAWS TITLE 19, CHAPTER 7 APPLICATION IS HEREBY MADE BY:

Name of Applicant _____

Address: _____

City: _____

State & Zip Code _____

Mailing Address _____

If Different: _____

Telephone Number _____

FOR WRITTEN CONSENT OF THE DIRECTOR OF BUSINESS REGULATION (“DIRECTOR”) TO ESTABLISH AND MAINTAIN A BRANCH OFFICE AT:

Address _____

City _____

State & Zip Code _____

FOR PURPOSES OF THIS ADDEMDUM, AN OUT-OF-STATE BANK OR CREDIT UNION IS ONE WHOSE PRINCIPAL OFFICE IS LOCATED IN ANY STATE OTHER THAN RHODE ISLAND.

AN APPLICATION FEE BASED UPON HOURS SPENT BY THE DIVISION OF BANKING REVIEWING AND PROCESSING THE APPLICATION MUST BE SUBMITTED UPON RECEIPT OF A DECISION BY THE DIRECTOR.

APPLICATION COORDINATOR:

Name _____

Title _____

Address _____

Telephone Number _____

Date of Filing _____

1. **COMMUNITY REINVESTMENT ACT (“CRA”)**
The Division of Banking will obtain information from the Home State Regulator on the applicant’s most recent CRA Statement and most recent CRA Performance Evaluation Rating, if applicable.
2. **RECIPROCITY WITH THE HOME STATE**
The Division of Banking will communicate with the Home State Regulator to obtain evidence that the laws of the Home State expressly authorize, under conditions no more restrictive than those imposed by the laws of Rhode Island, a financial institution to establish a branch in the Home State.
3. **SERVICE OF PROCESS**
The applicant shall file an agreement with the Division of Banking that it may be served with process in Rhode Island in any proceeding for the enforcement of any obligation arising out of its business transacted in this state by filing an irrevocable appointment (form enclosed) of the Rhode Island Director of the Department of Business Regulation as its agent to accept service of process in any proceedings in the courts of Rhode Island or the courts of the United States in Rhode Island.
4. **OFFICER CERTIFICATION**
Provide certification by the president or vice president and secretary or treasurer that the information contained in the application filed with both the Host State Regulator and the Home State Regulator is true and that any schedules provided correctly represent the true state of the several matters contained within the application to the best of their knowledge and belief.



State of Rhode Island
Department of Business Regulation



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

POWER OF ATTORNEY

Know All Men by these Presents

That I _____, President of _____
 (Insert name of Home State bank or trust company)

("Bank") of the City of _____ in the County of _____ and the State of _____ pursuant to Rhode Island General Laws § 19-7-9, as amended, do hereby make, constitute and appoint the Director of the Department of Business Regulation in the State of Rhode Island ("Director") Bank's true and lawful attorney in the State of Rhode Island, upon whom all lawful process in any action or proceeding against Bank may be served in like manner with the same legal force and effect as if Bank had been lawfully served with said process therein as provided by the laws of the State of Rhode Island; and said Director as such attorney, is hereby authorized and empowered as Bank's said agent to receive and accept service of any process, writ, summons or order whereby any suit, action, or proceeding shall be commenced against Bank, and Bank hereby stipulates and agrees that any lawful process against Bank which is served on the Director shall have the same legal force and effect as if served on Bank within the State of Rhode Island.

The authority given in this appointment shall continue in force so long as any liability to any resident of this state remains unsatisfied.

In Witness Whereof I have hereunto set my hand and seal on this _____ day of _____ 20____.

In the presence of _____

1. WITNESS _____

2. WITNESS _____

State of _____

County of _____

At _____ in said County, on this _____ day of _____ 20____, before me personally appeared _____ and acknowledged the foregoing instrument, by him/her sealed and subscribed, to be his free act and deed.

Before Me _____

(Notary Public)

NOTARY
SEAL

My Commission expires _____