

**STATE OF RHODE ISLAND  
DEPARTMENT OF BUSINESS REGULATION  
DIVISION OF BANKING**



**CREDIT UNION SUPPLEMENT TO THE NCUA 5300 CALL REPORT  
FOR THE PERIOD ENDING JUNE 30, 2023**

This Credit Union Supplement to the NCUA 5300 Call Report (the "Report") as well as the accompanying NCUA 5300 Call Report are required by law: Section 6 of Chapter 4 of Title 19 of the General Laws of Rhode Island and is to be filed by Rhode Island Credit Unions. The Credit Union shall maintain supporting documentation to verify all entries contained in both the Report and the NCUA 5300 Call Report, including any applicable schedules and/or exhibits, until the next scheduled examination of the Credit Union by the Division of Banking.

I, \_\_\_\_\_  
Name and Title of Officer Authorized to Sign This Report

\_\_\_\_\_  
Legal Title of Credit Union

of the named Credit Union do hereby declare that this Report and the filed NCUA 5300 Call Report are true to the best of my knowledge and belief.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Signature of Officer Authorized to Sign This Report

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date of Signature

Person to who questions about this report should be directed:

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Area Code/Phone Number

\_\_\_\_\_  
Email Address

RETAIN THE ORIGINAL COPY AND RETURN AN ELECTRONIC COPY OF THE COMPLETED STATE  
SUPPLEMENTAL CALL REPORT **VIA SECURE EMAIL**, ON OR BEFORE AUGUST 25, 2023 TO:

[Melanie.Aragao@DBR.RI.GOV](mailto:Melanie.Aragao@DBR.RI.GOV) and [Marco.DiMartino@DBR.RI.GOV](mailto:Marco.DiMartino@DBR.RI.GOV)



**CREDIT UNION SUPPLEMENT TO THE NCUA 5300 CALL REPORT  
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**SCHEDULE AA**

**CONCENTRATION OF CREDIT**

- 1) Provide the number of loans comprising the credit union's largest concentration of loans to a single borrower including loans to related parties of said borrower.....# \_\_\_\_\_
- 2) Provide the aggregate dollar amount of all loans comprising the credit union's largest concentration of loans to a single borrower (provide information for the number of loans included in item 1 above).....\$ \_\_\_\_\_
- 3) Provide the dollar amount of the largest single loan balance in the credit union's loan portfolio.....\$ \_\_\_\_\_
- 4) Report the aggregate loans to one borrower with balances exceeding the limit prescribed by R.I. Gen. Laws § 19-5-16.

<u>Number of loans</u>	<u>Loan balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- 5) Complete **Confidential Exhibit A** (enclosed) for all concentrations of credit as of the Report date.
- 6) Provide the number and dollar amount of deposit accounts and the number and dollar amount of loans at the credit union that are classified as Marijuana Related Businesses.

<u>Number of Deposit Accounts</u>	<u>Amount on Deposit</u>
# _____	\$ _____
<u>Number of Loans</u>	<u>Total Loan balance</u>
# _____	\$ _____

**SCHEDULE BB**

**ASSETS SOLD WITH AN AGREEMENT TO REPURCHASE  
(ONLY FOR ITEMS NOT REPORTED ON SCHEDULE B OF NCUA 5300)**

<u>Description of Assets Sold and Terms of Repurchase</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____



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**SCHEDULE CC  
LIQUIDITY RESERVES**

<u>Name of Reserve Agent</u>	<u>Amount on Deposit</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SCHEDULE DD  
LOANS BROKERED AND FUNDED BY THIRD – PARTY LENDERS**

<u>Number of Loans</u>	<u>Broker fees received</u>	<u>Dollar Amount of Loans Brokered</u>
# _____	_____	\$ _____

**SCHEDULE EE  
FEDERALLY GUARANTEED LOANS**

<u>Type of Loans</u>	<u>Number of Loans</u>	<u>Dollar Amount of Loans</u>
_____ FHA- INSURED	_____	\$ _____
_____ VA- GUARANTEED	_____	\$ _____
_____ FSA/RHS- GUARANTEED	_____	\$ _____
_____ OTHER	_____	\$ _____

**SCHEDULE AR1  
CUSTOMER BANK COMMUNICATION TERMINALS (“CBCT’S/AUTOMATED TELLER MACHINES”)**

Provide a schedule showing the number and location(s) of all Credit Union owned or leased CBCT'S/ATM'S (place a "/" where indicated).

Indicate whether:

\_\_\_\_\_ Schedule attached, \_\_\_\_\_ Reported on NCUA Profile, or \_\_\_\_\_ Not applicable (no CBCT's/ATM's owned or leased).



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**SCHEDULE AR2**  
**MISCELLANEOUS INFORMATION**

1. Has your credit union received brokered deposits in the past 6 months? YES\_\_\_ NO\_\_\_  
If **Yes**, please explain, in detail on a separate **confidential** exhibit.
  
2. Designate whether your Supervisory Committee is elected \_\_\_\_\_ or appointed \_\_\_\_\_.
  
4. Information Technology System  
If in-house system, provide name if listed as "Other" on Profile: \_\_\_\_\_
  
5. Surety Bond Coverage:  
Have any bond claims been filed in last six months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If **Yes**, attach a **confidential** exhibit with an explanation of the circumstances surrounding each claim.
  
6. Provide the name and address of the company's attorney for service:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
  
7. Please provide the name, title, address, telephone number, and e-mail address, if applicable, for the individual responsible for responding to customer complaints. Please note this individual's name and contact information may be provided directly to consumers to discuss any concerns.  
  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_



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8. Please provide the name, title, address, telephone number, and e-mail address, for the primary and secondary individual responsible for receiving Cybersecurity and Fraud Alerts and Notifications from the Division.

Primary Contact

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Secondary Contact

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_



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**CERTIFICATION**

STATE OF RHODE ISLAND

County of \_\_\_\_\_

We \_\_\_\_\_ President or Vice-President  
and \_\_\_\_\_ Secretary or Treasurer  
and \_\_\_\_\_ Supervisory Committee Chairperson,  
of \_\_\_\_\_ Credit Union do solemnly swear that this Report and the NCUA 5300 Call Report filed  
with the NCUA are true and that the schedules of both reports correctly represent the true state of the several matters herein contained to the  
best of our knowledge and belief.

\_\_\_\_\_ President or Vice-President

\_\_\_\_\_ Secretary or Treasurer

and \_\_\_\_\_ Supervisory Committee Chairperson

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2023.

\_\_\_\_\_  
Notary Public

Attest: \_\_\_\_\_)

Seal

\_\_\_\_\_ ) Directors

\_\_\_\_\_ )



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Name of Credit Union: \_\_\_\_\_

**CONFIDENTIAL EXHIBIT A**

**CONCENTRATION OF CREDIT<sup>1</sup>**

<u>Member Name</u>	<u>Account Number</u>	<u># of Loans</u>	<u>Largest Single Loan Amount</u>	<u>Aggregate Loan Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>1</sup> Complete a separate line for each member with a concentration of credit as determined by the Credit Union’s Board of Directors, policies and/or procedures.

Annual Report Credit Union 5300 Supplement June 30<sup>th</sup> (Rev. 01-27-2023) Page 7 of 8



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FOR THE PERIOD ENDING JUNE 30, 2023

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Name of Credit Union: \_\_\_\_\_

<b>PAYMENT TRANSMITTAL VOUCHER</b>
<b>\$55.00 Filing Fee</b>

**Check must be payable to: “General Treasurer, State of Rhode Island”**

Make a copy of this Page

and

**Mail the Original 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