



# 2024 ANNUAL REPORT



## Lender and Loan Broker (Non-Mortgage) Licensees

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

License Number(s): \_\_\_\_\_

NMLS ID #(s): \_\_\_\_\_

Main Office Address \_\_\_\_\_

### Instructions:

All current licensees must file an Annual Report with the Division of Banking (“Division”) by **March 31, 2024**.

#### 1. Financial Statements:

Rhode Island requires a Statement of Financial Condition (Balance Sheet) as of December 31, 2023 and a Statement of Income and Expenses (Income statement) for the twelve months ended December 31, 2023 prepared in accordance with Generally Accepted Accounting Principles (“GAAP”). These financial statements **MUST** be uploaded into the “Financial Statement Summary” section of your NMLS filing by the Annual Report due date. They do not need to be audited financial statements.

2. License/Registration costs: There is **NO FEE** for this filing.

3. Delayed Filing: Any licensee who fails to file the requested information by **March 31, 2024** will be subject to a **daily penalty of \$25 per license/registration** until the Division receives the information.

4. The enclosed checklist and all attachments, except the Financial Statements which must be uploaded into NMLS, must be emailed via one PDF attachment and the subject in the email must be “**(Company Name/NMLS ID #) RI 2024 Annual Report**” to:

[DBR.BankInquiry@dbr.ri.gov](mailto:DBR.BankInquiry@dbr.ri.gov)

**(DO NOT send a zipped or password protected file** as an attachment to the email as it may not come through to the Division. If your submission needs to be zipped, password protected or sent by secure email, please contact Rebecca Specht by email before attempting to send report).

5. For additional assistance contact Rebecca L. Specht at [rebecca.specht@dbr.ri.gov](mailto:rebecca.specht@dbr.ri.gov) as stated in the notice.

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

License Number(s): \_\_\_\_\_

NMLS ID #(s): \_\_\_\_\_

UPLOAD ONTO NMLS	ITEM
<input type="checkbox"/>	<p><b><u>FINANCIAL STATEMENTS: UPLOAD ONTO NMLS:</u></b> A Financial Statement representing Licensee’s Financial position as of December 31, 2023 including, at a minimum, a Balance Sheet and Income Statement, prepared in accordance with GAAP. <u>Financial Statements do not need to be audited.</u></p>
<input type="checkbox"/>	<p><b>INSURANCE CLAIM CHECK AUTHORIZED AGENT:</b> Required by R.I. GEN. LAWS § 19-14-34. <b>Resident agent -- Loss payee.</b> (a)Each licensee shall maintain a resident agent in this state who shall have authority to endorse insurance claim checks on behalf of the licensee. (b)A licensee that has not and will not be included as a loss payee on any insurance policy may be exempted from the provisions of subsection (a) of this section and §§ 5-38-26 and 27-5-3.3. If the company is exempt from this requirement, <u>upload</u> a signed statement to the “Company Staffing and Internal Policies” section of “<b>Documents Uploads</b>” on the NMLS stating, “The licensee is not listed as a loss payee on any borrower’s insurance policy. Thus, the company is exempt from this requirement.” If you do retain a resident agent with authority to endorse insurance claim checks, please upload a copy of the most recent contract to the “<b>Documents Uploads</b>” Section under “<b>Company Staffing &amp; Internal Policies</b>” and label it “<b>Insurance Claim Check Endorsement RI</b>”. The information below should be included in or attached to the contract uploaded into the NMLS.</p> <p><b>COMPANY NAME:</b></p> <p><b>CONTACT PERSON NAME &amp; TITLE:</b></p> <p><b>PHYSICAL ADDRESS:</b></p> <p><b>TELEPHONE #:</b></p> <p><b>E-MAIL ADDRESS:</b></p>

# ATTESTATION

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

License Number(s): \_\_\_\_\_

NMLS ID #(s): \_\_\_\_\_

Main Office Address: \_\_\_\_\_

**BOND/INSURANCE ATTESTATION.** I affirm/attest that the Licensee's surety bond (or alternative), remains in compliance with the requirements of the Division.

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

**FINANCIAL RESPONSIBILITY ATTESTATION.** I affirm/attest that the Licensee meets the financial responsibility/net worth requirements as required by the Division.

I verify that I am the named person below and an authorized representative of the licensee.

\_\_\_\_\_  
**\*Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\*Any authorized Corporate Officer of a licensee may sign and attest to the information listed on this report as being true and accurate. Only one (1) signature is required on this report.

# CALENDER YEAR ACTIVITY

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

License Number(s): \_\_\_\_\_

NMLS ID #: \_\_\_\_\_

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

**IMPORTANT:** The license type categories have been removed below. If your entity conducts any of the activity listed below, please complete. If they do not conduct an activity, please enter "N/A" in the appropriate column and attach an explanation.

**"RIC" refers to "Retail Installment Contracts"**

Please note this Report and the information included therein is open to public inspection.

	<u>Number</u>	<u>Dollar Amount</u>
100. Number and dollar amount of Consumer Loans made/purchased): # _____	_____	\$ _____
101. Number and dollar amount of Insurance Premium Contracts made: # _____	_____	\$ _____
102. Number and dollar amount of RICs purchased/assignment taken: # _____	_____	\$ _____
103. Number and dollar amount of loans brokered: # _____	_____	\$ _____

\_\_\_\_\_  
**\*Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\*Any authorized Corporate Officer of a licensee may sign and attest to the information listed on this report as being true and accurate. Only one (1) signature is required on this report.