



ANNUAL REPORT



Debt Management and Small Loan Lender 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, 2020**.

1. Financial Statements:

Rhode Island requires a Statement of Financial Condition (Balance Sheet) as of December 31, 2019 and a Statement of Income and Expenses (Income statement) for the twelve months ended December 31, 2019 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, 2020** 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 NMLS ID #) **RI 2020 Annual Report**” to:

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 as stated in the notice.

Licensee Name: _____

License Number(s): _____

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UPLOAD ONTO NMLS	ITEM
	<p><u>FINANCIAL STATEMENTS: UPLOAD ONTO NMLS</u> A Financial Statement representing Licensee’s Financial position as of December 31, 2019 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> If your company closes its books on a fiscal yearend, upload the requested Financial Statements in the “Year to Date” Section for 2019.</p>
	<p>(FOR SMALL LOAN LENDER LICENSEES ONLY)</p> <p>INSURANCE CLAIM CHECK AUTHORIZED AGENT: Required by R.I. GEN. LAWS § 27-5-3.3. All Small Loan Lenders must provide this information unless it is never a Loss Payee for any period of time on any loan. Upload onto NMLS either the Internal Policy that certifies the licensee is never a Loss Payee on any loan at any time or the signed agreement with the insurance claim check endorser. (Endorser must be located in RI). This must be uploaded in the “Documents Upload” Section under “Company Staffing & Internal Policies” and label it “Insurance Claim Check Endorsement RI”. Please provide the Insurance Claim Check Endorser information below on the NMLS.</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>TELEPHONE: _____ FAX: _____</p> <p>E-MAILADDRESS: _____</p>
	<p>(DEBT MANAGEMENT PROVIDERS ONLY):</p> <p>AGENT/BRANCH LOCATIONS: Upload onto NMLS the following Information in the “Documents Upload” Section under “Document samples” and label it “RI Agt & Branch locations”. Please identify which locations are branch offices.</p> <p>NAME: _____</p> <p>TELEPHONE: _____ FAX: _____</p> <p>E-MAILADDRESS: _____</p> <p>DATE APPOINTED: _____</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.

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 RI SmallLoans made:	# _____	\$ _____
200. Aggregate Dollar Amount of RI DebtManagement Plan Debtors' Funds onHand:		\$ _____
201. Aggregate Balance of RI DebtorObligations Under Debt Management Plans:		\$ _____

***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.