

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



**INSURED DEPOSIT TAKING FINANCIAL INSTITUTION CALL REPORT  
FOR THE PERIOD ENDING JUNE 30, 2022**

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Legal Name of Financial Institution

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City State & Zip Code

This Report is 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 **FDIC- Insured** Financial Institutions. The Financial Institution shall maintain supporting documentation to verify all entries contained in both the Report and the FDIC Call Report, including any applicable schedules and/or exhibits, until the next scheduled examination of the Financial Institution by the Division of Banking.

**NOTE:** An authorized officer must sign the Reports of Condition and Income.

I, \_\_\_\_\_  
Name & Title of Authorized Officer  
of the named Financial Institution do hereby declare  
that the Report of Condition and the Report of Income  
and Expenses (including all supporting schedules) are  
true to the best of my knowledge and belief.

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Signature of Officer Authorized to Sign this Report

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Signature Date

Person to who questions about this report should be directed:

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Name/Title

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Area Code/Phone Number

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Email Address

**Return the completed Call Report via email on or before August 26, 2022 to  
marie.sammartino@dbr.ri.gov**

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT  
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT  
FOR THE PERIOD ENDING JUNE 30, 2022**

**Schedule RO Officers of Corporation**

(attach additional sheets if necessary)

Name	Title

**Schedule RD Directors/Trustees of Corporation**

Name	Name

**Schedule RA Customer Bank Communication Terminals (“CBCT’S/ ATM’S”)**

Attach a schedule showing the number and location of all Financial Institution owned or leased CBCT’S/ATM’S.

- \_\_\_\_\_ Schedule attached
- \_\_\_\_\_ Not applicable (no CBCT's/ATM's owned or leased)

**Schedule RS Report of Stockholders<sup>1</sup>**

1. Total Number of Stockholders: \_\_\_\_\_

<sup>1</sup>Any change of fifteen percent (15%) of voting stock or equity interest must be promptly reported to the Rhode Island Division of Banking.

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT  
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FOR THE PERIOD ENDING JUNE 30, 2022**

**Schedule RS Report of Stockholders<sup>1</sup> (continued)**

2. Types and number of shares of capital stock authorized and outstanding:

<u>Type</u>	<u>Number Authorized</u>	<u>Number Outstanding</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Date and amount of dividends declared on capital stock during period:

Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____

4. Stockholders holding 15% or more of stock:

<u>Name of Owner</u>	<u>Percentage of Ownership</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

5. If a holding company owns stock provide or attach list of stockholders holding 15% or more of the stock of the holding company:

<u>Name of Owner</u>	<u>Percentage of Ownership</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Please provide a list of the names and addresses of any of the above stockholders that are out-of-state holders.

6. Date of the annual meeting of shareholders/stockholders: \_\_\_\_\_

<sup>1</sup>Any change of fifteen percent (15%) of voting stock or equity interest must be promptly reported to the Rhode Island Division of Banking.

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**Schedule RL Report of Federally Guaranteed Loans**

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

**Schedule RM Miscellaneous Information**

1. Provide the following information:
  - a) Financial Institution’s business hours: \_\_\_\_\_
  2. Main office telephone number: \_\_\_\_\_
  - c) Main office facsimile number: \_\_\_\_\_
  - d) Name and e-mail address of Financial Institution’s Chief Executive Officer:
    - i) Name: \_\_\_\_\_
    - ii) E-mail address: \_\_\_\_\_
  - e) Complete **Confidential Exhibit A** (enclosed) regarding the Financial Institution’s Critical Contact Officer<sup>1</sup>
  - f) Complete **Confidential Exhibit B** (enclosed) with the Financial Institution’s Federal Employer Identification Number.
3. Information Technology (IT) System
 

Name of servicer: \_\_\_\_\_

If in-house system, indicate type of equipment: \_\_\_\_\_

Name of Information Systems officer: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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 (Critical IT Contacts).

**Primary Contact**

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

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

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

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Secondary Contact**

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

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

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

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

<sup>1</sup>Critical Contact Officer is the responsible senior Financial Institution official designated to receive critical time-sensitive information in the event of an emergency and must be accessible by phone or email at all times including non-business hours.

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT  
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT  
FOR THE PERIOD ENDING JUNE 30, 2022**

**Schedule RM Miscellaneous Information (continued)**

4. Please provide the name and address of the person or firm that performed the last annual audit.

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

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

Date of last audit: \_\_\_\_\_

5. Provide the name, address and telephone number of the institution's attorney for service (must be located in Rhode Island):

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

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

Telephone number: \_\_\_\_\_ Email Address \_\_\_\_\_

6. Surety Bond Coverage:

Amount of coverage: \$ \_\_\_\_\_

Carrier of bond: \_\_\_\_\_

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.

7. Number of borrowers (not number of accounts) \_\_\_\_\_

8. Number of paid bank employees:

Full Time: \_\_\_\_\_ Part Time (25 hrs or less): \_\_\_\_\_

9. Attach a schedule showing interest rates offered for both loans and deposits as of call report date. Please include the Type of Account, the Rate and the Posting Date.

10. Attach a schedule showing the number and location of all Financial Institution operated Loan Production Offices ("LPOs") located either in the State of Rhode Island or any other state.

\_\_\_\_\_ Schedule attached

\_\_\_\_\_ Not applicable (no loan production offices)

11. Please provide the name, title, address, telephone number, and e-mail address 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: \_\_\_\_\_

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT  
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT  
FOR THE PERIOD ENDING JUNE 30, 2022**

**CERTIFICATION**

STATE OF RHODE ISLAND )

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

We \_\_\_\_\_ President/Vice-President  
and \_\_\_\_\_ Secretary/Treasurer  
of \_\_\_\_\_

do solemnly swear that the foregoing State Supplement and the FDIC Call Report are true and that the schedules of these reports correctly represent the true state of the several matters herein contained to the best of our knowledge and belief.

\_\_\_\_\_ President/Vice-President

\_\_\_\_\_ Secretary/Treasurer

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2022.

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

\_\_\_\_\_  
Notary Public name (printed or typed)

My commission expires: \_\_\_\_\_

Notary commission number: \_\_\_\_\_

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

Seal

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

\_\_\_\_\_)



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



**DIVISION OF BANKING**

1511 Pontiac Avenue, Building 68-1  
 Cranston, Rhode Island 02920  
 Telephone (401) 462-9503 - Facsimile (401) 462-9532

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT  
 TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT  
 FOR THE PERIOD ENDING JUNE 30, 2022**

**CONFIDENTIAL EXHIBIT A**

Name of Financial Institution: \_\_\_\_\_

**CRITICAL CONTACT OFFICER**

**Primary Critical Contact Officer:**

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

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

Telephone number:	_____	_____
	Business hours	Non-business hours

E-mail address:	_____	_____
	Business hours	Non-business hours

**Back-up Critical Contact Officer:**

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

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

Telephone number:	_____	_____
	Business hours	Non-business hours

E-mail address:	_____	_____
	Business hours	Non-business hours



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**CONFIDENTIAL EXHIBIT B**

Name of Financial Institution: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_





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



Name of Financial Institution: \_\_\_\_\_

<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***