



DIVISION OF BANKING
1511 Pontiac Avenue, Building 68-1
Cranston, Rhode Island 02920

Telephone (401) 462-9503 - Facsimile (401) 462-9532

TO: LENDER, SMALL LOAN LENDER, LOAN BROKER AND THIRD PARTY LOAN SERVICER LICENSEES

RE: FINAL ANNUAL REPORT

PLEASE READ ALL DOCUMENTS CAREFULLY

R. I. Gen. Laws §19-14-16 requires any licensee terminating business to notify the Division of Banking ("Division") of such termination in writing **within twenty-four (24) hours from the termination of business¹** at the licensed location.

The Final Annual Report ("Report") must be completed and filed *via a PDF Email attachment to sara.cabral@dbr.ri.gov* for receipt by the Division, in accordance with the provisions of R. I. Gen. Laws §§ 19-14-16 and 19-14-22, as amended, **within the earlier of thirty (30) days of receipt by the Division of written notice of the surrender of the license, or sixty (60) days of termination of business under the Rhode Island License(s)**, in order to complete the surrender of a license and to avoid late filing penalties of twenty-five dollars (\$25.00) per day. Please submit payment of the filing fee of fifty-five dollars (\$55.00) for each license and each branch certificate included in the Report. **Cancellation or surrender of a license will not be complete until receipt by the Division of a properly completed Report including applicable filing fees.**

Please contact Supervisor of Examinations, Sara Paterson Cabral, at (401) 462-9570 or sara.cabral@dbr.ri.gov or Senior Bank Examiner, Emilia Giorno, at (401) 462-9567 or emilia.giorno@dbr.ri.gov if you have any questions related to the filing of this Report.

¹ For purposes of R. I. Gen. Laws §19-14-16 a licensee terminates business when it no longer engages in activity governed by the Rhode Island license, whether or not the licensee terminates all other business.

Schedule A - Rhode Island Licensed Activity from January 1st to the Date of Termination of Business¹

1. **License Number(s)** # _____ # _____ # _____

2. **LENDER AND SMALL LOAN LENDER LICENSEES ONLY**

a) Number and original dollar amount of loan applications taken (**including withdrawn and denied applications**) and/or of retail installment contracts purchased under the Rhode Island Lender and/or Small Loan Lender license(s) from January 1ST through the date of the termination of business.

	Number of <u>Loans</u>	<u>Dollar Amount</u>
i. Mortgages	# _____	\$ _____
ii. Auto, personal & other loans excluding loans originated under a Small Loan License	# _____	\$ _____
iii. Small Loans	# _____	\$ _____
iv. Total loan applications taken through the date of termination of business (all types)	# _____	\$ _____

b) Number of loans held under the Rhode Island Lender and Small Loan Lender license(s) and dollar amount of said loan balances carried on the books of the licensee as loan receivables (**including retail installment contracts purchased**) as of the date of the termination of business.

	Number of <u>Loans</u>	<u>Dollar Amount</u>
i. Mortgages	# _____	\$ _____
ii. Auto, personal & other loans excluding loans originated under a Small Loan License	# _____	\$ _____
iii. Small Loans	# _____	\$ _____

3. **LOAN BROKERS LICENSEES ONLY**

Number and dollar amount of loan applications taken (**including withdrawn and denied applications**) under the Rhode Island Loan Broker license from January 1, 2012 through the date of the termination of business.

	Number of <u>Loans</u>	Dollar <u>Amount</u>	Fees <u>Generated²</u>
i. Mortgages	# _____	\$ _____	\$ _____
ii. Other Loans	# _____	\$ _____	\$ _____
iii. Total loan applications taken through the termination of business.	# _____	\$ _____	\$ _____

4. **THIRD PARTY LOAN SERVICER LICENSEES ONLY**

Number and dollar amount (unpaid balance) of loans serviced acquired under the Rhode Island Third Party Loan Servicer license(s) from January 1, of this current year through the date of the termination of business.

	Number of <u>Loans</u>	<u>Dollar Amount</u>
Rhode Island Loans	# _____	\$ _____

¹ Include only Rhode Island activity.

² Fees shall include origination, broker and any form of compensation received as a result of the licensed activity.

Schedule B - Miscellaneous Information

1. Provide the Name of the Surety who issued the Bond along with the Bond Number and Bond Amount for each Bond outstanding as of the filing of this Report.

Name of Surety (not agent) _____

License Number _____ Bond Number _____ Amount _____

License Number _____ Bond Number _____ Amount _____

License Number _____ Bond Number _____ Amount _____

Licensees are reminded that any bonds issued must remain on file with the Division until the applicable statute of limitations for causes of action have expired (R. I. Gen. Laws § 9-1-1 *et seq.*).

2. Provide the name, address and telephone number of the attorney (**other than the manager or an official of the licensee**) or company **in Rhode Island** who will accept service of process pursuant to R. I. Gen. Laws §19-14-10

Name _____

Street _____

City, State & Zip Code _____

Telephone Number _____

3. Provide the name, address, telephone and fax number of the custodian of the records for the canceled license.

Name of Custodian of the Records _____

Street _____

City, State & Zip Code _____

Telephone Number (**toll free** if applicable) _____

Fax Number _____

4. Provide the address, telephone and fax number of the location of the records for the canceled license(s).

Street _____

City, State & Zip Code _____

Telephone Number (**toll free** if applicable) _____

Fax Number _____

5. Reason for termination of business under the Rhode Island License (Check (√) only one):

a. _____ all Rhode Island lending/loan brokering/third party servicing activity has terminated.

b. _____ all Rhode Island lending/loan brokering/third party servicing activity continues pursuant to authority under federal law.

c. _____ all Rhode Island lending/loan brokering/third party servicing activity continues pursuant to an exemption under R. I. Gen. Laws § 19-14.1-10(a)(4) relating to banks, financial institutions or credit unions organized under the laws of another state.

If 5(a) is checked (√) above and any applications were pending **as of the date of termination of business under the Rhode Island License** check (√) **“i”** below and provide on a separate sheet a list containing the name of the applicant along with the applicant’s address, scheduled closing date, and amount of loan requested and the identity of the person to whom said loans were transferred. If no applications pending check (√) **“ii”** below:

i. List of pending applications/transfer enclosed _____

ii. No applications/transfers pending _____

Schedule B - Miscellaneous Information (continued)

6. a. If the licensee **will not retain** the funded/originated/serviced loans in portfolio as of the date of termination of Rhode Island business, provide the name, address, telephone and fax number and type of entity who will **retain and service** said loans (you may attached additional report if necessary)

Name _____
Street _____
City, State & Zip Code _____
Telephone Number (**toll free** if applicable) _____
Fax Number _____
Type of entity _____

- b. If the licensee is a Rhode Island Loan Broker or will retain the loans in portfolio as of the date of termination of Rhode Island, business indicate “**Not Applicable**” for this Item where indicated below:

_____ **Not Applicable:**

7. Provide the name, telephone and fax number of the individual authorized to respond to questions about this Report

Name _____
Title _____
Telephone Number (**toll free** if applicable) _____ Fax Number _____
E-mail Address _____

(Must be Provided)

8. Provide the date of termination of business under the Rhode Island License(s). _____

WHERE INSUFFICIENT SPACE IS PROVIDED TO SET FORTH THE FACTS ADEQUATELY, ATTACH A SCHEDULE INDICATING THE DETAILS.

CHECK MUST BE MADE PAYABLE TO
“GENERAL TREASURER - STATE OF RHODE ISLAND”
PLEASE NOTE: CHECKS WITH THE INCORRECT PAYEE WILL BE RETURNED

**Return Check To
Department of Business Regulation
Division of Banking
1511 Pontiac Avenue, Building 68-1
Cranston, RI 02920**

Please contact Supervisor of Examinations Sara Paterson Cabral at (401) 462-9570 or sara.cabral@dbr.ri.gov or Senior Bank Examiner, Emilia Giorno at (401) 462-9567 or emilia.giorno@dbr.ri.gov if you have any questions related to the filing of this Report. The Division prefers to respond to questions in advance so licensees may avoid Report filing delays and the penalties associated with the filing of an incomplete or inadequate Report.

**Late Filing Penalties Are Twenty-Five Dollars (\$25) Per Day
For The Delayed Filing Of The Report**

Schedule E – Notary Public

This schedule is to be used to satisfy the signature witness requirement of the Report filing. The directors, partners, or sole proprietor signatures, whichever is applicable, appearing on page 1 of this Report are to be witnessed on this Schedule.

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20_____

before me personally appeared _____, known by me to be the party executing the
foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20_____

before me personally appeared _____, known by me to be the party executing the
foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public

FINAL ANNUAL REPORT

LENDER / SMALL LOAN LENDER / LOAN BROKER / THIRD PARTY LOAN SERVICER

PAYMENT SCHEDULE	A COPY OF THIS SCHEDULE MUST ACCOMPANY YOUR PAYMENT			
	Column 1 Main	Column 2 # Branches	Column 3 Total # Main and Branches	Total Fee by Type (column 3 multiplied by \$55)
License Type				
Lender				
Loan Broker				
Small Loan Lender				
Third Party Loan Servicers				
Total by Type				

Licensee full legal name: _____

License Number(s) _____

Check must be payable to: "General Treasurer, State of Rhode Island"

*Make a copy of this Completed Page 6 and mail the Original Completed Page 6 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**

**PAGES 1 THROUGH 5 MUST BE SUBMITTED AS A PDF
ATTACHMENT VIA EMAIL TO:**

sara.cabral@dbr.ri.gov