
Name of Financial Institution

Address

CERTIFICATE OF ELECTION OF DIRECTORS

AND

DIRECTORS SUBSCRIPTION TO OATH OF OFFICE

_____ 20____

Received and filed

_____ 20____

RHODE ISLAND FINANCIAL INSTITUTION **CERTIFICATE OF ELECTION OF DIRECTORS**

The undersigned _____ Secretary of
the _____
(Name of Financial Institution)
located in _____, Rhode Island, hereby
certifies that at a meeting of the _____
(Stockholders, Incorporators, whichever is applicable)
of said Corporation, held on _____
the following named persons were elected Directors thereof for the ensuing year, and that such election has been
duly recorded in the records of said Corporation.

Name	Place of Residence
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_____ { Secretary-Clerk

FINANCIAL INSTITUTION DIRECTORS OATH OF OFFICE

STATE OF RHODE ISLAND,

County of _____}

We, the undersigned Directors of the _____

(Name of Financial Institution)

in _____, Rhode Island, do each for himself and not for the other, solemnly swear that we will severally, so far as the duty devolves upon us, diligently and honestly administer the affairs of said Corporation, and that we will not knowingly violate, or willfully permit to be violated, any of the applicable provisions of Title 19 of the General Laws of Rhode Island and/or other General Laws of Rhode Island applicable to the operations of financial institutions, or any addition thereto or amendment thereof.

Name	Place of Residence
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2.	
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Subscribed and sworn to this _____ day of _____ 20____
before the undersigned, a notary public in and for said State.

Notary Signature