



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

DIVISION OF BANKING

Please submit this filing along with all required responses and attachments in PDF form to;

DBR.Bankinquiry@dbr.ri.gov

If you have any questions, please contact the Division at; 401-462-9503

Name of Credit Union

Address

CERTIFICATE OF ELECTION OF DIRECTORS

AND

**DIRECTOR & COMMITTEE MEMBER
SUBSCRIPTION TO OATH OF OFFICE**

Date Submitted:

_____ 20 _____

RHODE ISLAND CHARTERED CREDIT UNION CERTIFICATE OF ELECTION OF DIRECTORS

The undersigned _____ Secretary of
the _____
(Name of Credit Union)
located in _____, Rhode Island, hereby
certifies that at a meeting of the _____
(Subscribers or Members, 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
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

_____ { Secretary-Clerk

**RHODE ISLAND CHARTERED CREDIT UNION
DIRECTORS & COMMITTEE MEMBERS OATH OF OFFICE**

STATE OF RHODE ISLAND,

County of _____ }

We, the undersigned Directors and Committee Members of the _____

(Name of Credit Union)

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 credit unions, or any addition thereto or amendment thereof.

Name	Place of Residence
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
Supervisory Committee	
Supervisory Committee	
Supervisory Committee	
Credit Committee	
Credit Committee	
Credit Committee	
Credit Committee	

Subscribed and sworn to this _____ day of _____ 20____

before the undersigned, a notary public in and for said State.

Notary Signature