



State of Rhode Island
Department of Business Regulation



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

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
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

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

Notary Signature