



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 bankinquiry@dbr.ri.gov

**CURRENCY TRANSMITTER, CHECK CASHER, AND DEBT MANAGEMENT LICENSEES
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 business**¹ at the licensed location.

The Final Annual Report (“Report”) must be completed and filed *via a PDF Email attachment to bankinquiry@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 and the original license(s) and branch certificate(s), where applicable.**

Very truly yours,

Sara Paterson Cabral
State Chief Bank Examiner

Please contact bankinquiry@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.



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FINAL ANNUAL REPORT

CURRENCY TRANSMITTER, CHECK CASHER AND DEBT MANAGEMENT LICENSEES

FOR THE PERIOD FROM JANUARY 1, _____ THROUGH THE DATE OF TERMINATION OF BUSINESS

Pursuant to Sections 16 and 22 of Chapter 14 of Title 19 of the General Laws of Rhode Island, each Rhode Island CURRENCY TRANSMITTER, CHECK CASHER and DEBT MANAGEMENT LICENSEE must file this Final Annual Report ("Report") in order to surrender a license issued pursuant to Chapter 14 of Title 19 of the Rhode Island General Laws.

License/Registration Number(s) # _____ # _____ # _____

Name of Licensee as it is recorded in NMLS (include d/b/a if applicable)

Address of Licensee Street, City, State, Zip Code (Address as it Appears on the Main Office License)

NOTE:

The Licensee may be subject to late filing penalties in accordance with R. I. Gen. Laws § 19-14-22 at the rate of twenty-five dollars (\$25) per day and/or examination fees pursuant to R. I. Gen. Laws § 19-14-23 if an incomplete Report is submitted.

We, the undersigned, have examined the contents of this Report and attest to the completeness, accuracy and correctness of this Report.

NOTE: The accuracy and correctness of this Report must be attested to by: 1) in the case of a **Corporation or Limited Liability Company**, at least **two (2) Members of the Board of Directors**; 2) in the case of a **Partnership**, by at least **two (2) Partners**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

Signature of Director Date

Signature of Director Date

Signature of Partner Date

Signature of Partner Date

Signature of Owner Date

The penalty, upon conviction, of filing any false entry in the Report is a maximum of \$50,000 and imprisonment for up to twenty (20) years.

THIS REPORT IS A TIME SENSITIVE DOCUMENT. PLEASE FORWARD THE REPORT TO THE OFFICER/PERSON RESPONSIBLE FOR ITS COMPLETION IMMEDIATELY

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

1. License/Registration Number(s) # _____ # _____ # _____

2. Are Licenses/Registrations and Branch Certificates enclosed? Yes _____ No _____

If “NO”, include a written statement that attests to the fact that the Licenses/Registrations and Branch Certificates have been lost or misplaced.

3. CURRENCY TRANSMITTER LICENSEES ONLY

Number and dollar amount of activity performed under the Rhode Island Currency Transmitter License from January 1, _____ through the date of the termination of business.

	Number	Dollar Amount
Money Transmission Transactions Initiated in-state	# _____	\$ _____
Payment Instruments Issued/Sold in-state	# _____	\$ _____
Stored Value Transactions in-state	# _____	\$ _____
Fiat Currency Exchange Transactions Completed in-state	# _____	\$ _____
Virtual Currency Transactions Initiated in-state	# _____	\$ _____

4. CHECK CASHER LICENSEES ONLY

Number and dollar amount of checks cashed or pay day loan activity under the Rhode Island Check Cashier License from January 1, _____ through the date of the termination of business.

	Number	Dollar Amount
Checks Cashied	# _____	\$ _____
Pay Day Loans	# _____	\$ _____
Pay Day Loans Outstanding	# _____	\$ _____

5. DEBT MANAGEMENT SERVICES LICENSEES ONLY

Number and dollar amount of active agreements still being serviced under the Rhode Island Debt Management Services Registration from January 1, _____ through the date of the termination of business.

Number	Dollar Amount
Active Agreements	# _____ \$ _____

¹ Include only Rhode Island licensed activity.

² Checks as defined in R. I. Gen. Laws § 19-14-1.

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 or Securities on Deposit in lieu of Bond outstanding as of the filing of this Report.

- a) Surety (not agent) _____
 License Number _____ Bond Number _____ Amount \$ _____
 License Number _____ Bond Number _____ Amount \$ _____
- b) Name of Custodian of Securities on Deposit-in-lieu of Bond _____
 License Number _____ Securities on Deposit-in-lieu
 of Bond Number _____ Amount \$ _____
 License Number _____ Securities on Deposit-in-lieu
 of Bond Number _____ Amount \$ _____

Licenses 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: _____
 Email: _____

3. Provide the name, address, telephone and email 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) _____
 Email: _____

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

Street _____
 City, State & Zip Code _____
 Telephone Number (**toll free** if applicable) _____
 Email: _____

5. Indicate below with a (√) whether there were any transactions pending **as of the date of termination of Rhode Island business**. If any transactions were pending, provide a list which includes the name and address of the licensee's customer, the amount of the transaction and an explanation of the final disposition of the transaction(s).

- a) List of pending transactions (must be provided in attachment) _____
 b) No transactions pending _____

Schedule B - Miscellaneous Information (continued)

6. Provide the name, title, telephone and email address of the individual authorized to respond to questions about this Report:

Name _____

Title _____

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

E-mail Address _____

7. 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

Payment may also be made by using the Nationwide Mortgage Licensing System (NMLS) Agency Fee Invoicing (AFI) method.

Please contact DBR.BankInquiry@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 Delay in Filing Of This Report

Schedule C - Report Filing Fee Calculation

Enter the License and Branch Certificate Number, **including the two-letter License suffix (i.e. CT, DM, or CC), as well as the Branch suffix (i.e. B01, B02, B03, etc.)** for each License and Branch Certificate being surrendered by the licensee.

1. CURRENCY TRANSMITTER LICENSEES (suffix CT)

License Number	# _____
Report Filing Fee	\$ 55.00

2. DEBT MANAGEMENT LICENSEES (suffix DM)

License Number	# _____
Report Filing Fee	\$ 55.00

3. CHECK CASHER LICENSEES (suffix CC)

License Number	# _____		
Branch Certificate Number(s)	# _____	# _____	# _____
	# _____	# _____	# _____

a) Number of CHECK CASHER License and Branch Certificate Numbers entered above	# _____
b) Report Filing fee per License and Branch Certificate	\$ 55.00
c) Total CHECK CASHER Report filing fee (3a x 3b)	\$ _____
4. TOTAL REPORT FILING FEES DUE (Sum of 1, 2, and 3c)	\$ _____

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

PAYMENT SCHEDULE	A COPY OF THIS SCHEDULE MUST ACCOMPANY YOUR PAYMENT			
	Column 1 Main	Column 2 # Branches	Column 3 # Main and Branches (Column 1 + Column 2)	Column 4 Total Fee by Type (Column 3 multiplied by \$55)
License Type				
Currency Transmitter				
Debt Management				
Check Casher				
Total				

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 8 and mail the Original Completed Page 8 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**

Payment may also be made by using the Nationwide Mortgage Licensing System (NMLS) Agency Fee Invoicing (AFI) method. If this is your preferred method of payment, please complete this form and include with your submission. State in the body of your email your intention to pay the Final Annual Report filling fees via NMLS. The Division will create an agency fee invoice in NMLS at that time.

FINAL ANNUAL REPORT MUST BE SUBMITTED AS A PDF ATTACHMENT VIA EMAIL TO:

bankinquiry@dbr.ri.gov