

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



**CREDIT UNION SUPPLEMENT TO THE NCUA 5300 CALL REPORT
FOR THE PERIOD ENDING JUNE 30, 2024**

This Credit Union Supplement to the NCUA 5300 Call Report (the "Report") as well as the accompanying NCUA 5300 Call Report are required by law: Section 6 of Chapter 4 of Title 19 of the General Laws of Rhode Island and is to be filed by Rhode Island Credit Unions. The Credit Union shall maintain supporting documentation to verify all entries contained in both the Report and the NCUA 5300 Call Report, including any applicable schedules and/or exhibits, until the next scheduled examination of the Credit Union by the Division of Banking.

I, _____
Name and Title of Officer Authorized to Sign This Report

Legal Title of Credit Union

of the named Credit Union do hereby declare that this Report and the filed NCUA 5300 Call Report are true to the best of my knowledge and belief.

Street Address

Signature of Officer Authorized to Sign This Report

City State Zip Code

Date of Signature

Person to who questions about this report should be directed:

Name/Title

Area Code/Phone Number

Email Address

RETAIN THE ORIGINAL COPY AND RETURN AN ELECTRONIC COPY OF THE COMPLETED STATE SUPPLEMENTAL CALL REPORT **VIA SECURE EMAIL**, ON OR BEFORE AUGUST 23, 2024 TO:

Melanie.Aragao@DBR.RI.GOV and Marco.DiMartino@DBR.RI.GOV and DBR.BankInquiry@dbr.RI.gov



**CREDIT UNION SUPPLEMENT TO THE NCUA 5300 CALL REPORT
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SCHEDULE AA

CONCENTRATION OF CREDIT

- 1) Provide the number of loans comprising the credit union's largest concentration of loans to a single borrower including loans to related parties of said borrower.....# _____
- 2) Provide the aggregate dollar amount of all loans comprising the credit union's largest concentration of loans to a single borrower (provide information for the number of loans included in item 1 above).....\$ _____
- 3) Provide the dollar amount of the largest single loan balance in the credit union's loan portfolio.....\$ _____
- 4) Report the aggregate loans to one borrower with balances exceeding the limit prescribed by R.I. Gen. Laws § 19-5-16.

<u>Number of loans</u>	<u>Loan balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- 5) Complete **Confidential Exhibit A** (enclosed) for all concentrations of credit as of the Report date.
- 6) Provide the number and dollar amount of deposit accounts and the number and dollar amount of loans at the credit union that are classified as Marijuana Related Businesses.

<u>Number of Deposit Accounts</u>	<u>Amount on Deposit</u>
# _____	\$ _____
<u>Number of Loans</u>	<u>Total Loan balance</u>
# _____	\$ _____

SCHEDULE BB

**ASSETS SOLD WITH AN AGREEMENT TO REPURCHASE
(ONLY FOR ITEMS NOT REPORTED ON SCHEDULE B OF NCUA 5300)**

<u>Description of Assets Sold and Terms of Repurchase</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____



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**SCHEDULE CC
LIQUIDITY RESERVES**

<u>Name of Reserve Agent</u>	<u>Amount on Deposit</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SCHEDULE DD
LOANS BROKERED AND FUNDED BY THIRD – PARTY LENDERS**

<u>Number of Loans</u>	<u>Broker fees received</u>	<u>Dollar Amount of Loans Brokered</u>
# _____	_____	\$ _____

**SCHEDULE EE
FEDERALLY GUARANTEED LOANS**

<u>Type of Loans</u>	<u>Number of Loans</u>	<u>Dollar Amount of Loans</u>
_____ FHA- INSURED	_____	\$ _____
_____ VA- GUARANTEED	_____	\$ _____
_____ FSA/RHS- GUARANTEED	_____	\$ _____
_____ OTHER	_____	\$ _____

**SCHEDULE AR1
CUSTOMER BANK COMMUNICATION TERMINALS (“CBCT’S/AUTOMATED TELLER MACHINES”)**

Provide a schedule showing the number and location(s) of all Credit Union owned or leased CBCT'S/ATM'S (place a "/" where indicated).

Indicate whether:

_____ Schedule attached, _____ Reported on NCUA Profile, or _____ Not applicable (no CBCT's/ATM's owned or leased).



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SCHEDULE AR2

MISCELLANEOUS INFORMATION

1. Has your credit union received brokered deposits in the past 6 months? YES___ NO___
If **Yes**, please explain, in detail on a separate **confidential** exhibit.

2. Designate whether your Supervisory Committee is elected _____ or appointed _____.

4. Information Technology System
If in-house system, provide name if listed as "Other" on Profile: _____

5. Surety Bond Coverage:
Have any bond claims been filed in last six months? Yes _____ No _____
If **Yes**, attach a **confidential** exhibit with an explanation of the circumstances surrounding each claim.

6. Provide the name and address of the company's attorney for service:
Name: _____
Address: _____
Telephone: _____
E-mail address: _____

7. Please provide the name, title, address, telephone number, and e-mail address, if applicable, for the individual responsible for responding to customer complaints. Please note this individual's name and contact information may be provided directly to consumers to discuss any concerns.

Name: _____
Title: _____
Address: _____
Telephone number: _____
E-mail address: _____



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8. Please provide the name, title, address, telephone number, and e-mail address, for the primary and secondary individual responsible for receiving Cybersecurity and Fraud Alerts and Notifications from the Division.

Primary Contact

Name: _____

Title: _____

Address: _____

Telephone number: _____

E-mail address: _____

Secondary Contact

Name: _____

Title: _____

Address: _____

Telephone number: _____

E-mail address: _____



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CERTIFICATION

STATE OF RHODE ISLAND

County of _____

We _____ President or Vice-President
and _____ Secretary or Treasurer
and _____ Supervisory Committee Chairperson,
of _____ Credit Union do solemnly swear that this Report and the NCUA 5300 Call Report filed
with the NCUA are true and that the schedules of both reports correctly represent the true state of the several matters herein contained to the
best of our knowledge and belief.

_____ President or Vice-President

_____ Secretary or Treasurer

and _____ Supervisory Committee Chairperson

Sworn to and subscribed before me this _____ day of _____ 2024.

Notary Public

Attest: _____)

Seal

_____) Directors

_____)



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Name of Credit Union: _____

PAYMENT TRANSMITTAL VOUCHER
\$55.00 Filing Fee

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

Make a copy of this Page

and

Mail the Original Page 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