

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



**INSURED DEPOSIT TAKING FINANCIAL INSTITUTION CALL REPORT
FOR THE PERIOD ENDING JUNE 30, 2024**

Legal Name of Financial Institution

City State & Zip Code

This Report is 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 **FDIC- Insured** Financial Institutions. The Financial Institution shall maintain supporting documentation to verify all entries contained in both the Report and the FDIC Call Report, including any applicable schedules and/or exhibits, until the next scheduled examination of the Financial Institution by the Division of Banking.

NOTE: An authorized officer must sign the Reports of Condition and Income.

I, _____
Name & Title of Authorized Officer
of the named Financial Institution do hereby declare
that the Report of Condition and the Report of Income
and Expenses (including all supporting schedules) are
true to the best of my knowledge and belief.

Signature of Officer Authorized to Sign this Report

Signature Date

Person to whom questions about this report should be directed:

Name/Title

Area Code/Phone Number

Email Address

**Return the completed Call Report via email on or before August 23, 2024
to Melanie.Aragao@dbr.ri.gov, Marco.DiMartino@dbr.ri.gov and
DBR.BankInquiry@dbr.ri.gov**

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT
FOR THE PERIOD ENDING June 30, 2024**

Schedule RO Officers of Corporation

(attach additional sheets if necessary)

Name	Title

Schedule RD Directors/Trustees of Corporation

Name	Name

Schedule RA Customer Bank Communication Terminals (“CBCT’S/ ATM’S”)

Attach a schedule showing the number and location of all Financial Institution owned or leased CBCT’S/ATM’S.

- _____ Schedule attached
- _____ Not applicable (no CBCT's/ATM's owned or leased)

Schedule RS Report of Stockholders¹

1. Total Number of Stockholders: _____

¹Any change of fifteen percent (15%) of voting stock or equity interest must be promptly reported to the Rhode Island Division of Banking.

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Schedule RS Report of Stockholders¹ (continued)

2. Types and number of shares of capital stock authorized and outstanding:

<u>Type</u>	<u>Number Authorized</u>	<u>Number Outstanding</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Date and amount of dividends declared on capital stock during period:

Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____
Type: _____	Date: _____	Rate: _____ %	Amount: _____

4. Stockholders holding 15% or more of stock:

<u>Name of Owner</u>	<u>Percentage of Ownership</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

5. If a holding company owns stock provide or attach list of stockholders holding 15% or more of the stock of the holding company:

<u>Name of Owner</u>	<u>Percentage of Ownership</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Please provide a list of the names and addresses of any of the above stockholders that are out-of-state holders.

6. Date of the annual meeting of shareholders/stockholders: _____

¹Any change of fifteen percent (15%) of voting stock or equity interest must be promptly reported to the Rhode Island Division of Banking.

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Schedule RL Report of Federally Guaranteed Loans

Type of Loans	Number of Loans	Dollar Amount of Loans
FHA- INSURED__	_____	\$ _____
VA- GUARANTEED	_____	\$ _____
FSA/RHS- GUARANTEED	_____	\$ _____
OTHER	_____	\$ _____

Schedule RM Miscellaneous Information

1. Provide the following information:
 - a) Financial Institution's business hours: _____
2. Main office telephone number: _____
 - a) Main office facsimile number: _____
 - b) Name and e-mail address of Financial Institution's Chief Executive Officer:
 - i) Name: _____
 - ii) E-mail address: _____
 - c) Complete **Confidential Exhibit A** (enclosed) regarding the Financial Institution's Critical Contact Officer¹
 - d) Complete **Confidential Exhibit B** (enclosed) with the Financial Institution's Federal Employer Identification Number.
3. Information Technology (IT) System

Name of servicer: _____

If in-house system, indicate type of equipment: _____

Name of Information Systems officer: _____

Telephone number: _____ E-mail address: _____

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 (Critical IT Contacts).

Primary Contact

Name: _____

Title: _____

Address: _____

Telephone number: _____ Email address: _____

Secondary Contact

Name: _____

Title: _____

Address: _____

Telephone number: _____ E-mail address: _____

¹Critical Contact Officer is the responsible senior Financial Institution official designated to receive critical time-sensitive information in the event of an emergency and must be accessible by phone or email at all times including non-business hours.

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FOR THE PERIOD ENDING June 30, 2024**

Schedule RM Miscellaneous Information (continued)

4. Please provide the name and address of the person or firm that performed the last annual audit.

Name: _____

Address: _____

Date of last audit: _____

5. Provide the name, address, and telephone number of the institution's attorney for service (must be located in Rhode Island):

Name: _____

Address: _____

Telephone number: _____ Email Address _____

6. Surety Bond Coverage:

Amount of coverage: \$ _____

Carrier of bond: _____

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.

7. Number of borrowers (not number of accounts) _____

8. Number of paid bank employees:

Full Time: _____ Part Time (25 hrs or less): _____

9. Attach a schedule showing interest rates offered for both loans and deposits as of call report date. Please include the Type of Account, the Rate, and the Posting Date.

10. Attach a schedule showing the number and location of all Financial Institution operated Loan Production Offices ("LPOs") located either in the State of Rhode Island or any other state.

_____ Schedule attached

_____ Not applicable (no loan production offices)

11. Please provide the name, title, address, telephone number, and e-mail address 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: _____

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL REPORT
FOR THE PERIOD ENDING June 30, 2024**

CERTIFICATION

STATE OF RHODE ISLAND)

County of _____)

We _____ President/Vice-President
and _____ Secretary/Treasurer
of _____

do solemnly swear that the foregoing State Supplement and the FDIC Call Report are true and that the schedules of these reports correctly represent the true state of the several matters herein contained to the best of our knowledge and belief.

_____ President/Vice-President

_____ Secretary/Treasurer

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

Notary Public signature

Notary Public name (printed or typed)

My commission expires: _____

Notary commission number: _____

Attest: _____)

Seal

_____) Directors

_____)



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,
Melanie.Aragao@dbr.ri.gov and
Marco.DiMartino@dbr.ri.gov
If you have any questions, please contact the Division at;
401-462-9503

**INSURED-DEPOSIT-TAKING FINANCIAL INSTITUTION SUPPLEMENT
TO THE FEDERAL DEPOSIT INSURANCE CORPORATION CALL
REPORT FOR THE PERIOD ENDING JUNE 30, 2024**

CONFIDENTIAL EXHIBIT A

Name of Financial Institution: _____

CRITICAL CONTACT OFFICER

Primary Critical Contact Officer:

Name: _____

Title: _____

Telephone number:		
	Business hours	Non-business hours

E-mail address:		
	Business hours	Non-business hours

Back-up Critical Contact Officer:

Name: _____

Title: _____

Telephone number:		
	Business hours	Non-business hours

E-mail address:		
	Business hours	Non-business hours



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,
Melanie.Aragao@dbr.ri.gov and
Marco.DiMartino@dbr.ri.gov**

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

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CONFIDENTIAL EXHIBIT B

Name of Financial Institution: _____

Federal Employer Identification Number: _____



State of Rhode Island
Department of Business Regulation



Name of Financial Institution: _____

PAYMENT TRANSMITTAL VOUCHER
\$55.00 Filing Fee

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

Mail a copy of this 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***