

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

1. **Registration Number** # _____
NMLS ID Number # _____

2. **Servicing Activity**

Number and dollar amount (unpaid balance) of loans serviced under the Rhode Island Student Loan Servicer Registration immediately preceding the date of the termination of business.

	<u>Number of Loans</u>	<u>Dollar Amount</u>	<u>Fees Generated</u>
Student Loans Serviced	# _____	\$ _____	\$ _____

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 outstanding as of the filing of this Report.

Name of Surety (not agent) _____
 License Number _____ Bond Number _____ Amount _____
 License Number _____ Bond Number _____ Amount _____
 License Number _____ 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 and contact information of the attorney (**other than the manager or an official of the registrant**) or company **in Rhode Island** who will accept service of process pursuant to R. I. Gen. Laws §19-33-4(c)(4)

Name _____
 Street _____
 City, State & Zip Code _____
 Telephone Number _____ Email Address: _____

3. Provide the name and contact information of the custodian of the records for the surrendered registration.

Name of Custodian of the Records _____
 Street _____
 City, State & Zip Code _____
 Telephone Number (**toll free** if applicable) _____
 Email Address _____

4. Provide the address and contact information of the location of the records for the surrendered registration.

Contact Individual _____

Street _____

City, State & Zip Code _____

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

Email Address _____

5. Reason for termination of business under the Rhode Island Registration (Check (√) only one):

a. _____ all Rhode Island student loan servicing activity has terminated.

b. _____ all Rhode Island student loan servicing activity continues pursuant to authority under federal law.

c. _____ all Rhode Island student loan servicing activity continues pursuant to an exemption under R. I. Gen. Laws § 19-33-16 relating to banks, financial institutions or credit unions organized under the laws of another state.

6. If the Rhode Island student loan servicing accounts will be transferred to another student loan servicing entity prior to the termination of business, provide the name, address, telephone number and email address of the entity who will **service** said loans (you may attach additional report if necessary).

Name _____

Street _____

City, State & Zip Code _____

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

Email Address _____

Type of entity _____

b. If the registrant is not transferring accounts due to the applicability of 5.(b) or (c), indicate “**Not Applicable**” for this Item where indicated below:

_____ **Not Applicable**

7. Provide the name and contact information of the individual authorized to respond to questions about this Report

Name _____

Title _____

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

E-mail Address _____

(Must be Provided)

8. Provide the date of termination of business under the Rhode Island Registration. _____

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 _____ (“Registrant”)
(Name of Registrant)

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 Registrant.

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 _____ (“Registrant”)
(Name of Registrant)

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 Registrant.

SEAL

Notary Public

PAYMENT SCHEDULE	A COPY OF THIS SCHEDULE MUST ACCOMPANY YOUR PAYMENT			
	Column 1 Main	Column 2 # Branches	Column 3 Total # Main and Branches	Total Fee by Type (column 3 multiplied by \$55)
Student Loan Servicer	1	N/A	1	\$55

Registrants full legal name: _____

Registration Number(s) _____

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

Make a copy of this Completed Page 5 and mail the Original Completed Page 5 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 using the NMLS Agency Fee Invoicing 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 filing fees via NMLS. The division will create an agency invoice in NMLS at that time.

PAGES 1 THROUGH 4 MUST BE SUBMITTED AS A PDF ATTACHMENT VIA EMAIL TO:

Dbr.bankinquiry@dbr.ri.gov