



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, DEBT MANAGEMENT AND DEBT COLLECTORS
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* 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.**

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. 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.

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.



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 bankingquiry@dbr.ri.gov

FINAL ANNUAL REPORT

CURRENCY TRANSMITTER, CHECK CASHER, DEBT MANAGEMENT AND DEBT COLLECTORS
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, DEBT MANAGEMENT AND DEBT COLLECTOR LICENSEES must file this Final Annual Report ("Report"), in order, to surrender a license/registration 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)

Street, City, State, Zip Code (Main Office) as it is recorded in NMLS

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.

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.

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.

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

Signature of Director Date

Signature of Director Date

Signature of Partner Date

Signature of Partner Date

Signature of Owner Date

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.

	<u>Number</u>	<u>Dollar Amount</u>
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 CASHING LICENSEES ONLY

Number and dollar amount of checks cashed under the Rhode Island Check Cashing License from January 1, ____ through the date of the termination of business.

	<u>Number</u>	<u>Dollar Amount</u>
Checks Cashed	# _____	\$ _____
Payday Loans made	# _____	\$ _____
Payday Loans Outstanding	# _____	\$ _____

5. DEBT MANAGEMENT LICENSEES ONLY

Number and dollar amount of plans in an actively being serviced under the Rhode Island Debt Management Registration from January 1, ____ through the date of the termination of business.

	<u>Number</u>	<u>Dollar Amount</u>
Plans actively being serviced	# _____	\$ _____

6. DEBT COLLECTOR LICENSEES ONLY

Number and dollar amount of attempted to be collected upon (“worked”) under the Rhode Island Debt Collector Registration from January 1, _____ through the date of the termination of business.

Accounts being worked up to termination of business	<u>Number</u>	<u>Dollar Amount</u>
	# _____	\$ _____

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 \$ _____

Licensees 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 address: _____

3. Provide the name, address, telephone and email address of the custodian of the records for the surrendered license(s).

Name of Custodian of the Records _____

Street _____

City, State & Zip Code _____

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

Email Address _____

4. Provide the address, telephone and email address of the location of the records for the surrendered 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 enclosed _____
- b) No transactions pending _____

6. For all outstanding transactions please provide the following information for the company where they were transferred*:

Company Name _____

Contact Person Name _____

Street _____

City, State & Zip Code _____

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

E-Mail Address: _____

*If transactions were transferred to more than one entity please list all entities and the transactions transferred on an excel spreadsheet.

7. 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 _____

8. 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/SPREADSHEET INDICATING THE DETAILS

<p style="text-align: center;">CHECK MUST BE MADE PAYABLE TO “GENERAL TREASURER - STATE OF RHODE ISLAND” PLEASE NOTE: CHECKS WITH THE INCORRECT PAYEE WILL BE RETURNED</p> <p style="text-align: center;">Return Check To Department of Business Regulation Division of Banking 1511 Pontiac Avenue, Building 68-1 Cranston, RI 02920</p> <p>Payment may also be made by using the Nationwide Mortgage Licensing System (NMLS) Agency Fee Invoicing (AFI) method.</p>

Please contact DBR.BankInquiry@dbr.ri.gov if you have any questions related to the filing of this Report.

Late Filing Penalties Are Twenty-Five Dollars (\$25) Per Day For Delay in Filing Of This Report

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 Total # Main and Branches	Total Fee by Type (column 3 multiplied by \$55)
License Type				
Currency Transmitter		N/A		
Check Casher				
Debt Management				
Debt Collector				
Total by Type				

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