



**DIVISION OF BANKING**  
1511 Pontiac Avenue, Building 68-1  
Cranston, Rhode Island 02920

Telephone (401) 462-9503 - Facsimile (401) 462-9532

**TO: LENDER, SMALL LOAN LENDER, LOAN BROKER AND THIRD PARTY LOAN SERVICER LICENSEES**  
**RE: 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<sup>1</sup>** at the licensed location.

The Final Annual Report ("Report") must be completed and filed *via a PDF Email attachment to [sara.cabral@dbr.ri.gov](mailto:sara.cabral@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.**

**Please contact Supervisor of Examinations, Sara Paterson Cabral, at (401) 462-9570 or [sara.cabral@dbr.ri.gov](mailto:sara.cabral@dbr.ri.gov) or Senior Bank Examiner, Emilia Giorno, at (401) 462-9567 or [emilia.giorno@dbr.ri.gov](mailto:emilia.giorno@dbr.ri.gov) if you have any questions related to the filing of this Report.**

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<sup>1</sup> 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.



**Schedule A - Rhode Island Licensed Activity from January 1st to the Date of Termination of Business<sup>1</sup>**

1. **License Number(s)** # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

2. **LENDER AND SMALL LOAN LENDER LICENSEES ONLY**

a) Number and original dollar amount of loan applications taken (**including withdrawn and denied applications**) and/or of retail installment contracts purchased under the Rhode Island Lender and/or Small Loan Lender license(s) from January 1<sup>ST</sup> through the date of the termination of business.

	Number of <u>Loans</u>	<u>Dollar Amount</u>
i. Mortgages	# _____	\$ _____
ii. Auto, personal & other loans excluding loans originated under a Small Loan License	# _____	\$ _____
iii. Small Loans	# _____	\$ _____
iv. Total loan applications taken through the date of termination of business (all types)	# _____	\$ _____

b) Number of loans held under the Rhode Island Lender and Small Loan Lender license(s) and dollar amount of said loan balances carried on the books of the licensee as loan receivables (**including retail installment contracts purchased**) as of the date of the termination of business.

	Number of <u>Loans</u>	<u>Dollar Amount</u>
i. Mortgages	# _____	\$ _____
ii. Auto, personal & other loans excluding loans originated under a Small Loan License	# _____	\$ _____
iii. Small Loans	# _____	\$ _____

3. **LOAN BROKERS LICENSEES ONLY**

Number and dollar amount of loan applications taken (**including withdrawn and denied applications**) under the Rhode Island Loan Broker license from January 1, 2012 through the date of the termination of business.

	Number of <u>Loans</u>	Dollar <u>Amount</u>	Fees <u>Generated<sup>2</sup></u>
i. Mortgages	# _____	\$ _____	\$ _____
ii. Other Loans	# _____	\$ _____	\$ _____
iii. Total loan applications taken through the termination of business.	# _____	\$ _____	\$ _____

4. **THIRD PARTY LOAN SERVICER LICENSEES ONLY**

Number and dollar amount (unpaid balance) of loans serviced acquired under the Rhode Island Third Party Loan Servicer license(s) from January 1, of this current year through the date of the termination of business.

	Number of <u>Loans</u>	<u>Dollar Amount</u>
Rhode Island Loans	# _____	\$ _____

<sup>1</sup> Include only Rhode Island activity.

<sup>2</sup> Fees shall include origination, broker and any form of compensation received as a result of the licensed activity.

**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 \_\_\_\_\_

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 \_\_\_\_\_

3. Provide the name, address, telephone and fax number 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) \_\_\_\_\_

Fax Number \_\_\_\_\_

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

Street \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone Number (**toll free** if applicable) \_\_\_\_\_

Fax Number \_\_\_\_\_

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

a. \_\_\_\_\_ all Rhode Island lending/loan brokering/third party servicing activity has terminated.

b. \_\_\_\_\_ all Rhode Island lending/loan brokering/third party servicing activity continues pursuant to authority under federal law.

c. \_\_\_\_\_ all Rhode Island lending/loan brokering/third party servicing activity continues pursuant to an exemption under R. I. Gen. Laws § 19-14.1-10(a)(4) relating to banks, financial institutions or credit unions organized under the laws of another state.

If 5(a) is checked (√) above and any applications were pending **as of the date of termination of business under the Rhode Island License** check (√) **“i”** below and provide on a separate sheet a list containing the name of the applicant along with the applicant’s address, scheduled closing date, and amount of loan requested and the identity of the person to whom said loans were transferred. If no applications pending check (√) **“ii”** below:

i. List of pending applications/transfer enclosed \_\_\_\_\_

ii. No applications/transfers pending \_\_\_\_\_

**Schedule B - Miscellaneous Information (continued)**

6. a. If the licensee **will not retain** the funded/originated/serviced loans in portfolio as of the date of termination of Rhode Island business, provide the name, address, telephone and fax number and type of entity who will **retain and service** said loans (you may attached additional report if necessary)

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Telephone Number (**toll free** if applicable) \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Type of entity \_\_\_\_\_

- b. If the licensee is a Rhode Island Loan Broker or will retain the loans in portfolio as of the date of termination of Rhode Island, business indicate “**Not Applicable**” for this Item where indicated below:

\_\_\_\_\_ **Not Applicable:**

7. Provide the name, telephone and fax number 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 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**

Please contact Supervisor of Examinations Sara Paterson Cabral at (401) 462-9570 or [sara.cabral@dbr.ri.gov](mailto:sara.cabral@dbr.ri.gov) or Senior Bank Examiner, Emilia Giorno at (401) 462-9567 or [emilia.giorno@dbr.ri.gov](mailto:emilia.giorno@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 The Delayed Filing Of The Report**



# FINAL ANNUAL REPORT

## LENDER / SMALL LOAN LENDER / LOAN BROKER / THIRD PARTY LOAN SERVICER

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				
Lender				
Loan Broker				
Small Loan Lender				
Third Party Loan Servicers				
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 6 and mail the Original Completed Page 6 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**

**PAGES 1 THROUGH 5 MUST BE SUBMITTED AS A PDF  
ATTACHMENT VIA EMAIL TO:**

**[sara.cabral@dbr.ri.gov](mailto:sara.cabral@dbr.ri.gov)**