



**New Application Checklist**  
Jurisdiction-Specific Requirements



**RHODE ISLAND EXEMPT COMPANY REGISTRATION**

**Instructions**

1. Companies exempt from licensing in Rhode Island, but employ individuals required to be licensed under Rhode Island law must register their company with the Division of Banking through NMLS by filing a Form MU1.
2. The Registered Agent entered on Form MU1 must be the same person recorded with the Secretary of State. If you are not an out of state company and are not required to register with the Secretary of State, list the individual listed as the *Contact Person* for the company on Form MU1
3. At least one Individual must be listed in the *Direct Owner/Executive Officer* section of Form MU1 and be listed as a *Control Person* with a Form MU2 completed. This individual should have the authority to make decisions on behalf of the company.
4. The *Qualifying Individual* section of Form MU1 can be left blank.
5. Total registration costs: \$100 NMLS processing fee for Form MU1. All fees are collected through the NMLS and ARE NOT REFUNDABLE.
6. Jurisdiction-specific requirements as identified on the checklist below must be received with this checklist within 5 business days of the electronic submission of your application through the NMLS at the following:

Rebecca L. Specht, CPA, CFE, Principal Licensing Examiner  
Rhode Island Department of Business Regulation  
Division of Banking  
[rspecht@dbr.state.ri.us](mailto:rspecht@dbr.state.ri.us)

NMLS Unique ID Number: \_\_\_\_\_

Applicant Legal Name: \_\_\_\_\_

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>EXEMPTION CLAIMED.</b> In the space below, cite the provision in Rhode Island law under which your company is claiming an exemption from licensure:</p> <p>_____</p> <p>_____</p> <p>_____</p>

<input type="checkbox"/>	<input type="checkbox"/>	A Certificate of Authority or Certificate of Good Standing dated not more than 60 days prior to the filing of an application through NMLS issued by the Rhode Island Secretary of State; and
<input type="checkbox"/>	<input type="checkbox"/>	<b>OTHER TRADE NAMES.</b> If applicant will be operating under a name other than its legal name, such as a “dba” or “fictitious” name, provide a file-stamped copy of the fictitious name form from the Rhode Island Secretary of State.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DISCLOSURE QUESTIONS.</b> Provide complete details of all events or proceedings for any “Yes” answer to any of the Disclosure questions for the company or any Control Person.

**WHO TO CONTACT** – Contact the Division of Banking licensing staff by phone at (401) 462-9503 or send your questions via e-mail to [bankinquiry@dbr.state.ri.us](mailto:bankinquiry@dbr.state.ri.us) for additional assistance.

THE APPLICANT IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS FOR WHICH THEY ARE APPLYING. THE JURISDICTION SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITATE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.