

Rhode Island Certificate of Compliance by Non-Participating Manufacturer  
Sales Year 2009 Escrow Deposit (January 1, 2009 through December 31, 2009)  
Escrow Deposit Due April 15, 2010 and Certificate of Compliance Due April 30, 2010

Part 1: Manufacturer's Identification

1. Name: \_\_\_\_\_  
2. Street Address: \_\_\_\_\_  
3. City, State, Zip Code: \_\_\_\_\_  
4. (a) Phone: \_\_\_\_\_ 4 (b) FAX \_\_\_\_\_  
5. Electronic Mail Address: \_\_\_\_\_

Part 2: Sales Year 2009 (January 1, 2009 through December 31, 2009)

6. Use this form is to report sales of cigarettes and "roll-your-tobacco" between January 1, 2009 through December 31, 2009.

Part 3: Units Sold

7. Number of individual cigarettes and "roll-your-own" tobacco, sold by the Manufacturer identified above during the sales year in Rhode Island is as follows: 7. \_\_\_\_\_

Part 4: Escrow Rates and Payments

*(Use and adjust the rates listed below to figure the appropriate total deposit amount)*

8. The Inflation Adjustment to the Base Amount per unit for Sales Year 2009 is: 8. \$ **0.0266359** per unit  
9. Multiply Line 8 by Line 7 and write the amount. 9. \$ \_\_\_\_\_

***Line 9 is the total amount to be paid in the qualified escrow account***

Part 5: Financial Institution

10. Name of Institution: \_\_\_\_\_  
11. Address: \_\_\_\_\_  
12. Qualified Escrow Account No: \_\_\_\_\_  
13. Amount Deposited in Qualified Escrow Account for Sales Year 2009: \$ \_\_\_\_\_  
14. Date of Deposit in Qualified Escrow Account for the Sales Year 2009 \_\_\_\_\_  
15. Total Amount in the Qualified Escrow Account held for the State of Rhode Island: \$ \_\_\_\_\_

Part 6: Signature

Under penalty of perjury, I state that, to the best knowledge, all of the information contained in this Certificate of Compliance is true and accurate.

Name of Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_  
Signature of Notary Public: \_\_\_\_\_ City or County  
of \_\_\_\_\_ My Commission expires: \_\_\_\_\_

**Attach** a copy of your executed escrow agreement, any amendments to your escrow agreement, and all receipt(s) or other proof of deposit(s) to the escrow account from your financial institution. **Mail** this completed Certificate of Compliance and attachments to: **Rhode Island Department of Attorney General, Tobacco Enforcement, 150 South Main St., Providence, RI 02903.**