Rhode Island Certificate of Compliance by Non-Participating Manufacturer
Sales Year 2008 Escrow Deposit (January 1, 2008 through December 31, 2008)
Escrow Deposit Due April 15, 2009 and Certificate of Compliance Due April 30, 2009

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 2008 (January 1, 2008 through December 31, 2008)

6. Use this form is to report sales of cigarettes and "roll-your-tobacco" between January 1, 2008 through December 31, 2008.

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:

_____

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 2008 is: 8. $ $0.0258601 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 2008: $ _____
14. Date of Deposit in Qualified Escrow Account for the Sales Year 2008 _____
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.**