

**Rhode Island Certificate of Compliance by Non-Participating Manufacturer**  
**Sales Year 2015 Escrow Deposit (January 1, 2015 through December 31, 2015)**  
**Escrow Deposit Due April 15, 2017 and Certificate of Compliance Due April 30, 2017**

**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 2016 (January 1, 2016 through December 31, 2016)**

6. Use this form to report sales of cigarettes and "roll-your-tobacco" between January 1, 2016 through December 31, 2016.

**Part 3: Units Sold**

7. Number of individual cigarettes and "roll-your-own" tobacco, sold by the Manufacturer identified above during the Sales Year 2016 in Rhode Island: 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 2016 is: 8. \$ **\$0.0327588** 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 2016: \$ \_\_\_\_\_
14. Date of Deposit in Qualified Escrow Account for the Sales Year 2016: \_\_\_\_\_
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.**