



State Registration, Identification Or Exemption Number (As Required)  
 EX-176126  
 05 72 0973F

# Tax Exemption Certificate Multi-Jurisdiction

Check Applicable Box:  Single Purchase Certificate  Blanket Certificate

Issued To (Seller's Name) \_\_\_\_\_ Address \_\_\_\_\_

<b>I Certify That</b>	<b>Is Engaged As A Registered</b> (When Applicable)
Name of Firm, Organization (Buyer) <b>RHODE ISLAND SCHOOL OF DESIGN (RISD)</b>	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Lessor <input type="checkbox"/> Retailer <input checked="" type="checkbox"/> Exempt Organization/Use <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (Specify)
Street Address Or P.O. Box No. <b>20 Washington Palce</b>	
City/State <b>Providence RI</b> Zip Code <b>02903</b>	
Is registered and/or identified with the below listed cities and/or states within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, rented or used in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing, renting or providing non-taxable services or products	

Product Or Service Rendered By Purchaser (If Exempt Organization Provide Description) <b>non-profit, tax exempt educational institution</b>	<b>Exemption Claimed</b> (Check Where Applicable)
City And / Or State <b>RHODE ISLAND</b>	<input checked="" type="checkbox"/> Resale (24) <input type="checkbox"/> Federal Government (21) <input checked="" type="checkbox"/> Exempt Organization (26) <input type="checkbox"/> State And Local Government (21) <input type="checkbox"/> Direct Payment Permit (25) <input type="checkbox"/> Other (Specify) (26)
State Registration, Identification Or Exemption Number (As Required) <b>229408047</b>	
City And / Or State <b>Massachusetts</b>	
State Registration, Identification Or Exemption Number (As Required) <b>MA ID: 10631752 Cert #:1253377024</b>	
City And / Or State <b>New York</b>	
State Registration, Identification Or Exemption Number (As Required) <b>NY: EX- 176126 Federal:05- 72 0973F</b>	
I further certify that any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.	

General Description Of Products Or Services To Be Purchased From The Seller

**I Swear Or Affirm Under Penalty Of Law That The Information On This Form Is True And Correct As To Every Material Matter**

Authorized Signature (Owner, Partner, Official Or Corporate Officer) \_\_\_\_\_ Title **Controller** Date \_\_\_\_\_