



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
 Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address

Health, Department of
 Cannon Building

2. Title of Rule

Rules and Regulations for the Registration of Distributors of Controlled Substances in Rhode Island

3. Statutory Source of Authority

RIGL 21-28

4. Concise Explanatory Statement - §42-35-2.6

All specific dollar values for fees are being deleted and replaced with a reference to a new master fee regulation (being promulgated separately).

5. Type of Filing

Emergency Rules	
A1. Emergency 120-day initial - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment of ERLID: <input type="checkbox"/> Repeal of ERLID:	A2. Emergency 60-day renewal - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment <input type="checkbox"/> Repeal Indicate ERLID of 120-day initial:
Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:	

Final Rules		
<input checked="" type="checkbox"/> B1. Amendment - §42-35-3(a) <input type="checkbox"/> C. Technical Revision Supersedes ERLID: 4867	<input type="checkbox"/> B2. Adoption - §42-35-3(a) <input type="checkbox"/> D. Direct Final Rule - §42-35-2.11	<input type="checkbox"/> B3. Repeal - §42-35-3(a)
If B1 or C, please indicate new, amended, deleted, or revised sections: Changes in all sections where fees are listed		

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:08/08/2012
 Date of Public Hearing - §42-35-2.8:Hearing Not Required
 End of Comment Period - §42-35-2.8 :09/10/2012

7. Agency Additional Information - Web Page

http://

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Title

 Notary Public
 Subscribed and sworn before me
 this _____ day of _____, _____