CHAR410 Form **Online**

For new registrations, Amendments, and Re-registrations

Registration Statement for Charitable Organizations

New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
www.charitiesnys.com

Open to Public Inspection

Filing Information								
	Type of Filing:		Registration	0	Amendment	Re-Regist	ration	
Co	ntact Information							
1.	Name of Charity				5. EIN			
Rι	ıle of Law Society IV	Inc.			833252944			
2. c/o Name (if applicable)					6. Website			
		rolsociety.org						
3.	Mailing address (Nu	umber and street)		Room/suite	7. Primary contact			
44	5 Park Avenue			Ninth Floor	Jennifer Mercurio			
	City or town, state of	or country and ZIP+4			Title			
Ne	ew York, New York, 1	10022, United States			General Counsel			
4.	Principal address (N	Number and street)		Room/suite	Phone	Phone Primary Contact Email		
16	62 East 64 Street			Third Floor	347-244-4785 jenniferm@rolsociety.org			
	City or town, state of	or country and ZIP+4			Organization Email	Organization Email		
16	32 East 64 Street, Thi	ird Floor, New York, New	w York, 10065, United S	States	jenniferm@rolsociety.org			
3rd	d Party Preparer Info	ormation						
	Name				4. Title			
2.	Name of Firm				5. Phone			
3.	Mailing address (Nu	umber and street)		Room/suite	6. Email			
	City	State/Province	Postal Code	Country	7. Alternate Email			
			<u>. I</u>	l .	L			
C+/	atute Review							
316	atute Review					(Yes	<u> </u>	
1.	1. Does the organization conduct activity (other than soliciting) in New York State?						O No	
2.	2. When did the organization begin conducting activity?							
3.	3. Does the organization maintain assets in New York State?						○ No	
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies?						Yes	○ No	
5.	5. If already soliciting, when did this activity begin? 2/10/2019							
6	Does the organization contract with or plan in the future to contract with a professional fundraiser () Yes () No							
6.	or fundraising coun		THE INTUITE TO CONTIBL	n with a professional i	ididiasei	● 162	J	

EX	emption		
1.	Does the organization receive substantially all of its contributions from a government agency to which it submits annual financial reports?	Yes	No
2.	Does the organization receive an allocation from a federated fund, United Way or incorporated community appeal?	OYes	● No
3.	Is the organization a government agency, controlled by a government agency, the U.S. Congress or New York State Legislature?	OYes	No
4.	Was the organization formed for religious purposes?	OYes	●No
5.	Is the organization incorporated under the New York State Education Law?	Yes	No
6.	If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families?	Yes	●No
7.	Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the State University of New York or an agency with similar responsibilities in another state?	OYes	●No
8.	Is the organization a historical society chartered by the Board of Regents of the State University of New York?	O Yes	No
	8a. Does the organization solicit contributions only from its membership?	OYes	● No
9.	Is the organization a library that files annual financial reports as required by the NYS Department of Education?	OYes	● No
10.	Is the organization a hospital, skilled nursing facility or diagnostic/treatment center?	O Yes	● No
11.	Is the organization a membership organization?	Yes	O No
	11a. Does the organization solicit contributions only from its membership?	OYes	No
12.	Is the organization a volunteer firefighters or volunteer ambulance service organization?	O Yes	● No
13.	Is the organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxillary of such organization and is its fundraising performed only by its members without direct or indirect compensation?	○ Yes	● No
14.	Is the organization a police department, sheriff's department or other government law enforcement agency?	O Yes	No
15.	Is the organization a law enforcement support organization that only solicits contributions from its members?	Yes	● No
16.	Is the organization a cemetery corporation subject to Article 15 of the NYS Not-for-Profit Corporation Law?	O Yes	No
17.	Is the organization a PTA affliated with an educational institution subject to the jurisdiction of the NYS Education Department?	OYes	No
18.	Is the organization incorporated under Article 43 of NYS Insurance Law?	Yes	● No
	Based on inital and exemption review, the organization is required to register under: Executive Law 7-A		

Registration								
1.	What type of organization is it? Corporation							
a.	Does the organization have Federal tax exemption status? No Which status?			d.	Was the organization ever denied tax exempt status? $$_{\hbox{No}}$$			
b.	Has the organization appli	ied for tax exemption stat	us? Yes	e.	Has the organization had its tax e	xempt status revoked? No		
	When did it apply?		100		When was it revoked?			
_	Organization's fiscal year			f.		orated or formed? 01/17/2010		
٠. ا	Organization's listal year	12/31				When was the organization incorporated or formed? 01/17/2019		
					State in which incorporated or form	med Delaware		
2.	List all chapters, branches	s and affiliates of your org	anization (For additi	onal	rows, please use Appendix)			
	Organization Name	e I	Relationship		Mailing address (number and street, room/suite, City or town, state or country and zip+4)			
3.	List all officers, directors,	trustees, key persons/key	y employees (For ad	ditio	nal rows, please use Appendix)			
	Name	Title			ber and street, room/suite, or country and zip+4)	Email		
	Karin Maistrello President, Treasurer 445 Park Avenue, 9 10022, United State			loor, New York, New York,	inquiry@rolsociety.org			
	Steve Bannon Chair 8391 Beverly Boule California, 90048, U		evard , #479, Los Angeles, United States inquiry@rolsoci		inquiry@rolsociety.org			
			445 Park Avenue, 9 10022, United State	9th Floor, New York, New York, es inquiry(inquiry@rolsociety.org		
	Lihong Wei Lafrenz	Director			Floor, New York, New York,	inquiry@rolsociety.org		
	Jennifer Mercurio	ecretary, General Couns			York, New York, 10022,	inquiry@rolsociety.org		
	Karin Meistrello	President, Treasurer			Floor, New York, New York,	inquiry@rolsociety.org		
4.	Other Names, Previous N	Names, and Registration I	Numbers					
	a. Names/DBA/Assume	ed Names			c. Previous organization names			
	b. Prior New York State	charities registration nur	nbers					

5. Describe the organization's ch Rule of Law Society is organized to		are specifically to promote the rule of law in China a	and across the	e world.	
6. Has the organization been pro	phibited by a government agence	cy or court from soliciting contributions?		O Yes	● No
If "Yes", describe:	, ,	, c		<u> </u>	<u> </u>
	s officers, directors, trustees, ke ourt from soliciting contributions	ey persons/key employees been prohibited ??		O Yes	● No
ii Tes , describe.					
Has the organization or its office soliciting for a charity? If "Yes", describe:	cers, directors, trustees, key pe	ersons/key employees been found in violation of an	y law in	O Yes	No
 Has the organization or its office 	cers, directors, trustees, key pe	ersons/key employees ever entered into any agreer	nent with		(No
organization's money or prope		any fundraising activity or misappropriation or misu	se of the	O Tes	© 140
If "Yes", describe:					
10. Has the organization's registr	ration or license been suspende	ed by a government agency?		O Yes	● No
ii les , describe.					
•	or plan to solicit contributions i	n New York State?		Yes	O No
If "Yes", describe: The organization is do expenses.	miciled in NY State a	and will solicit contributions in NY S	State to h	elp it pa	y its
12. Has the organization engaged	d fundraising professionals for f	fundraising in New York State?		O Yes	● No
Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dat	es of contra	ct
	PFR 🛮		Start date:		
	FRC 🗆		End date:		
	PFR 🛮		Start date:		
	FRC 🗆		End date:		
	PFR 🛮		Start date:		
	FRC 🗆		End date:		
13. Does the organization have a	conflict of interest policy?			Yes	ONo
14. Does the organization have a	whistleblower policy?			Yes	ONo
■ Bylaws or other ■ Bylaws or o		ndments or other organizing document			

Signatures

I certify under penalty for perjury that I reviewed this Registration Statement, including all schedules and attachments, and to the best of my knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.

Role	First Name	Last Name	Title	Email Address
President or Authorized Officer/Trustee	Jennifer	Mercurio	Chief Executive	jenniferm@rolsociety.org
Chief Financial Officer or Treasurer	Karin	Maistrello	Treasurer	karinm@gsnyus.com

Signature of President or Authorized Officer/Trustee —Docusigned by: Junifer Mercurio

5/14/2019

Signature of Chief Financial Officer or Treasurer

-Docusigned by:
What stable Fee

5/14/2019

Appendix A - List all cha	apters, branches and affilia	tes of your organization			
Orga	nization Name	Relationship		Mailing address	
		Į.	Į.		
Appendix B - List all off	icers, directors, trustees, k	ey persons/key employees			
Name	Title	Mailing addre	ess	Е	mail
Sasha Gong	Director	445 Park Avenue, 9th Floor, New York	, New York, 10022, United States	inquiry@rc	lsociety.org
	·				
		<u> </u>			
Appendix C - Names/D	BA/Assumed Names				
Names/DBA/Assum	· · · · · · · · · · · · · · · · · · ·			·	
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Appendix D - Previous	Organization Name			•	
Previous organizatio					
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