



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001715153

**2. Name of Corporation** Volcker Alliance, Inc.

**3. State of Incorporation**

State: NY

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813940

**4. Principal Office Address**

No. and Street: 39 BROADWAY  
SUITE 1930

City or Town: NEW YORK State: NY Zip: 10006 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 560 LEXINGTON AVENUE  
SUITE 16B

City or Town: NEW YORK State: NY Zip: 10022 Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ADVANCE EFFECTIVE MANAGEMENT OF GOVERNMENT TO ACHIEVE REESULTS  
THAT MATTER TO CITIZENS

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS ROSS	560 LEXINGTON AVENUE, 16B NEW YORK, NY 10022 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

FIRST CORPORATE SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of March, 2021 at 11:48:58 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By COPILEVITZ LAM AND RANEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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