



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000139227	2. Exact name of the Corporation Ethan Allen Retail, Inc.				
3. Principal office address Ethan Allen Drive			City Danbury	State CT	Zip 06813
4. Business Phone No. 203-743-8000			5. State of Incorporation DE		
6. Brief description of the character of business conducted in Rhode Island Retail Sales & Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name M. Farooq Kathwari			Vice-President Name Pamela Banks		
Street Address Ethan Allen Drive			Street Address Ethan Allen Drive		
City Danbury	State CT	Zip 06813	City Danbury	State CT	Zip 06813
Secretary Name Pamela Banks			Treasurer Name David R Callen		
Street Address Ethan Allen Drive			Street Address Ethan Allen Drive		
City Danbury	State CT	Zip 06813	City Danbury	State Ct	Zip 06813
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Farooq Kathwari			Director Name		
Street Address Ethan Allen Drive			Street Address		
City Danbury	State CT	Zip 06813	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	\$.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

MAR 01 2012

File Date

Check No

By:

By MNC

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

2-27-12

Signature of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

Cl# 50327388

Pamela A. Banks

Print or Type Name of Authorized Representative