Department of Sta			ivision ·					
Annual Report for the year: 2020 Corporation					STAMP FILED			
→ Filing period: January 1 - M	Jarch 1					TON Light White fig. to have any constr-		
 → Filing Fee: \$50.00 / → Penalty: Additional \$25.00 fee if form is not filed by April 1. 				1	FEB 10 ハく	2020	1	
1. Entity ID Number	2. Exact name o	f the Corporation		DY			\Rightarrow	
Ethan Allen Retail, Inc.								
3. Principal Office Address			City		State	Zip		
25 Lake Avenue Ext. , Attn: Tax Dept			Danbury -		CT .	06811-5286		
4. NAICS Code	e 6. Brief description of the character			onducted in Rhode Isla	and			
442299	Retail sales and services							
5. State of Incorporation								
DE ·								
7. List ALL officers (names and addresses) President Name Vice-				Check the box to indicate an attachment				
M. Farooq Kathwari			Enc D. Koster					
Street Address 25 Lake Avenue Ext.			Street Address 25 Lake Avenue Ext.					
City Danbury	State CT	^{Zip} 06811-5286	City Danbury		State CT	Zip 06811-52	:86	
Secretary Name Eric D. Koster	Treasurer Name Corey Whitely							
Street Address 25 Lake Avenue Ext.			Street Address 25 Lake Avenue Ext.					
City Danbury	State CT	^{Zip} 06811-5286	City Danbury		State CT	Zip 06811-52	86	
8. List ALL directors (names and addresses) Director Name				Check th	e box to in	ndicate an attachment		
M. Farooq Kathwari	Director Name							
Street Address 25 Lake Avenue Ext.			Street Address					
City Danbury	State CT .	Zip 06811-5286	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	·	State	Zip		
9. Shares Authorized 10. Shares					e box to ir	ndicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		1,000	MARES	CLASS/SERIES Common		PAR VALUE		
		<u> </u>		· .				
11. This report must be executed or trustee, this report must be execute	n behalf of the co	rporation by an aut	thorized repres	entative. If the corpora	ition is in t	he hands of a receive	r or	
Under penalty of perjury, I declar	e and affirm that	t i have examined	this report, in	islee. Icluding any accomp	anying so	chedules and		
statements, and that all statements contained herein are true and correct. Date								
orey Whitely		02-03-2020			i			
Signature of Authorized Regresents	Ly Comments	SIGN DOCL	JMENT HERE					
MAN TO	\							

RI SOS Filing Number: 202034064700 Date: 2/10/2020 4:00:00 PM State of Rhode Island and Providence Plantations

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov