



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 FEB 25 2022
 BY

1. Entity ID Number 000139227		2. Exact name of the Corporation Ethan Allen Retail, Inc.			
3. Principal Office Address 25 Lake Avenue Ext., Attn: Tax Dept			City Danbury	State CT	Zip 06811
4. NAICS Code 442299	6. Brief description of the character of business conducted in Rhode Island Retail sales and services				
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name M. Farooq Kathwari			Vice-President Name Matthew McNulty		
Street Address 25 Lake Avenue Ext.			Street Address 25 Lake Avenue Ext.		
City Danbury	State CT	Zip 06811	City Danbury	State CT	Zip 06811
Secretary Name Eric D. Koster			Treasurer Name		
Street Address 25 Lake Avenue Ext.			Street Address		
City Danbury	State CT	Zip 06811	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name M. Farooq Kathwari			Director Name		
Street Address 25 Lake Avenue Ext.			Street Address		
City Danbury	State CT	Zip 06811	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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE \$0.01
11. 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. 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.					
Name of Authorized Representative Matthew McNulty				Date 02-16-2022	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021