RI SOS Filing Number: 202329131470 Date: 2/21/2023 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

FILED

Annual Report for the year:	2023	•
Corporation		<u>.</u>

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 ✓ → Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number	2. Exact name of	the Corporation		· · · · · · · · · · · · · · · · · · ·		<del></del>		
000139227	D00139227 Ethan Allen Retail, Inc.							
Principal Office Address		City				Zip		
25 Lake Avenue Ext. , Attı	n: Tax Dept	,	Danbury	•	СТ	06811		
4. NAICS Code	NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
442299 ·	Retail sales and services							
State of Incorporation								
DE -								
7. List ALL officers (names and add	Iresses)		*		ie box to in	ndicate an attachment 🔲		
President Name M. Farooq Kath	nwari - Vice-President Name Matthey			mattnew Mo				
Street Address 25 Lake Avenue								
City Danbury		<sup>Zıp</sup> 06811	<sup>City</sup> Danbur	ry -	State CT	· · Zip 06811		
Secretary Name Eric D. Koster		Treasurer Name						
Street Address 25 Lake Avenue			Street Address					
<sup>City</sup> Danbury	State CT	<sup>Zip</sup> 06811	City	-	State	Zıp		
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
M. Farooq Kathwari								
Street Address 25 Lake Avenue	e Ext.	Street Address						
City Danbury ~	State CT -	<sup>Zip</sup> 06811	City		State	Zip		
Director Name	Director Name							
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue			ne box to in	ndicate an attachment 🔲		
This Information is currently of record Department of State.	rd in the			CLASS/SERIES				
·	1,000		Common			\$0.01		
Changes require an additional filing.								
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 statement	ents contained her			Totaling any accomp				
					Date /	<del>7. , </del>		
Matthew McNulty 2/1/23					125			
Signature of Authorized Representative  GB Matt Nation								
TUND 1								

MAIL TO:

**Division of Business Services** 

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

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