



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 ✓

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

FILED

FEB 21 2023 STAMP  
BY *[Signature]**[Signature]*

1. Entry 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1,000</td><td>Common</td><td>\$0.01</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	\$0.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1,000	Common	\$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. <b>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.</b>														
Name of Authorized Representative Matthew McNulty					Date 2/1/23									
Signature of Authorized Representative <i>GB [Signature]</i>														

## 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