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## State of Rhode Island

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

Annual Report for the year:	2025
Corporation	<del></del>
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BY	7992-094

Entity ID Number		of the Corporation							
000139227	Ethan Allen Retail, Inc.								
3. Principal Office Address			City	ý		Z	ip .		
·	5 Lake Avenue Ext. , Attn: Tax Dept			iry	СТ		06811		
4. NAICS Code	<ol><li>Brief descrip</li></ol>	tion of the characte	er of busines	s conducted in Rhode	Island				
442299	Retail sales and services								
5. State of Incorporation	]								
DE							1		
7. List ALL officers (names and add	iresses)			Check the	box to indic	ate an attac	hment 🔲		
President Name M. Farooq Kat	hwari		Vice-President Name Matthew McNulty						
	reet Address 25 Lake Avenue Ext.			Street Address 25 Lake Avenue Ext.					
<sup>City</sup> Danbury	State CT	<sup>Zip</sup> 06811	City Danbury		State (		<sup>IIP</sup> 06811		
Secretary Name Ginger Triscel	Name Ginger Triscele			Treasurer Name					
Street Address 25 Lake Avenue Ext.			Street Address						
<sup>City</sup> Danbury	State CT	<sup>Zip</sup> 06811	City		State	Ž	Ip		
8. List ALL directors (names and ad	dresses)		•	Check the	box to indic	ate an attac	hment 🗆		
Director Name M. Farooq Kathwari			Director Name						
Street Address 25 Lake Avenue	reet Address 25 Lake Avenue Ext.			Street Address					
<sup>City</sup> Danbury	State CT	<sup>Zip</sup> 06811	City		State	Z	?ip		
Director Name	-		Director Na	ame					
Street Address			Street Address						
City	State	Zip	City		State	Z	<b>2</b> ip		
9. Shares Authorized	10. Shares Issued Check the box					cate an attac	chment 🔲		
This information is currently of recordenation is currently of recordenation.	rd in the	NUMBER OF SHARES		S CLASS/SERI					
Department of State.		1,000		Common		\$0.01			
Changes require an additional filing.									
11. This report must be executed o	n behalf of the c	orporation by an au	ithorized rep	presentative. If the cor	poration is i	n the hands	of a re-		
ceiver or trustee, this report must build under penalty of perjury, I decla	e executed on b	ehalf of the corpora	ation by the	receiver or trustee.					
Under penalty of perjury, I decia statements, and that all stateme	re and amirm in nts contained h	at i nave examine Jerein are true and	a tnis repoi i correct.	π, including any acc	ompanying	schedules	ano		
Name of Authorized Representative Date ,						_			
Matthew McNulty					2/26/25				
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