

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001602

Entity Name: MAXMARA RETAIL, LTD.**Current Principal Place of Business:**555 MADISON AVENUE
10TH FLOOR
NEW YORK, NY 10022**Current Mailing Address:**555 MADISON AVENUE
10TH FLOOR
NEW YORK, NY 10022 US**FEI Number:** 13-3676407**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY, AUTHORIZE SIGNER
Name UYO, KATIE N.
Address 555 MADISON AVENUE
10TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title TREASURER, CFO
Name BARBARELLO, GIANLUCA
Address 555 MADISON AVENUE
10TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name PREZIOSO, VINCENZO
Address 555 MADISON AVENUE
10TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name USUARDI, MICHELE
Address 555 MADISON AVENUE
10TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR, CEO
Name NOTARI, CRISTIAN
Address 555 MADISON AVENUE
10TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name MARAMOTTI, LUIGI DR.
Address 555 MADISON AVENUE
10TH FLOOR
City-State-Zip: NEW YORK NY 10022

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATIE N. UYO**AUTHORIZE SIGNER****03/04/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date