

**2019 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
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**SECRETARY****01/22/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date