

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000006433

**Entity Name:** FAIRE WHOLESALE, INC.**Current Principal Place of Business:**100 POTRERO AVE  
SAN FRANCISCO, CA 94103**Current Mailing Address:**100 POTRERO AVE  
SAN FRANCISCO, CA 94103 US**FEI Number:** 81-4549038**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT/CEO  
Name           RHODES, MATTHEW  
Address        100 POTRERO AVE  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name           RHODES, MATTHEW  
Address        100 POTRERO AVE  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name           CORTES, MARCELO  
Address        100 POTRERO AVE  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name           GRASSADONIA, BRIAN  
Address        100 POTRERO AVE  
City-State-Zip: SAN FRANCISCO CA 94103

Title            TREASURER/CFO  
Name           LEVITAN, LAUREN COOKS  
Address        100 POTRERO AVE  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name           PERITO, DANIELE  
Address        100 POTRERO AVE  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name           RABIOS, KEITH  
Address        100 POTRERO AVE  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name           GREEN, KRISTEN  
Address        100 POTRERO AVE  
City-State-Zip: SAN FRANCISCO CA 94103

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*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: MATTHEW RHODES****PRESIDENT/CEO****03/27/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MERTZ, ELLIE  
Address             100 POTRERO AVE  
City-State-Zip:    SAN FRANCISCO CA 94103

Title                 SECRETARY  
Name                THOMAS, LAUREN  
Address             100 POTRERO AVE  
City-State-Zip:    SAN FRANCISCO CA 94103