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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
001083138	Caribou Coffee Company, Inc.			
3. Principal Office Address		City	State	Zip
3900 Lake Breeze Ave N.		Minneapolis	MN	55429
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722515	Holding Company that is inactive in Rhode Island.			
5. State of Incorporation				
MN				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Scott Kennedy			Vice-President Name: Jessica Monson		
Street Address: 3900 Lake Breeze Ave. N.			Street Address: 3900 Lake Breeze Ave. N.		
City: Minneapolis	State: MN	Zip: 55429	City: Minneapolis	State: MN	Zip: 55429
Secretary Name: Michael Davis			Treasurer Name: Paul Hill		
Street Address: 1720 S. Bellaire St., Suite Skybox			Street Address: 1720 S. Bellaire St., Suite Skybox		
City: Denver	State: CO	Zip: 80222	City: Denver	State: CO	Zip: 80222

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Scott Kennedy			Director Name: Jessica Monson		
Street Address: 3900 Lake Breeze Ave. N.			Street Address: 3900 Lake Breeze Ave. N.		
City: Minneapolis	State: MN	Zip: 55429	City: Minneapolis	State: MN	Zip: 55429
Director Name: Michael Davis			Director Name: Paul Hill		
Street Address: 1720 S. Bellaire St., Suite Skybox			Street Address: 1720 S. Bellaire St., Suite Skybox		
City: Denver	State: CO	Zip: 80222	City: Denver	State: CO	Zip: 80222

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
21,315,011	Common	0.0100

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.

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.

Name of Authorized Representative	Date
Michael Davis	06/27/2025

Signature of Authorized Representative

FILED 10:04A

JUN 30 2025

BY VECB

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: 12/2023