



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

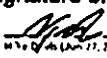
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
25 JUN 30 AM 10:00:08

1. Entity ID Number 001083138		2. Exact name of the Corporation Caribou Coffee Company, Inc.	
3. Principal Office Address 3900 Lake Breeze Ave N.		City Minneapolis	State MN
		Zip 55429	
4. NAICS Code 722515	8. Brief description of the character of business conducted in Rhode Island 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	City Minneapolis	State MN
Zip 55429		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	City Denver	State CO
Zip 80222		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	City Minneapolis	State MN
Zip 55429		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	City Denver	State CO
Zip 80222		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 Michael Davis			Date 06/27/2025
Signature of Authorized Representative 			

FILED 10109A

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 30 2025

BY VECB

FORM 630 - Revised: 12/2023