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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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	Vice-President Name
Scott Kennedy	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	**Treasurer Name**
Michael Davis	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	Director Name
Scott Kennedy	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	**Director Name**
Michael Davis	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	21,125,385	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

Mike Davis (Jun 27, 2025 15:09 PDT)

FILED 10:02A

JUN 30 2025

BY VCLB1

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