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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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 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		6. 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	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	
		20,886,412		Common	
				PAR VALUE	
				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. <i>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.</i>					
Name of Authorized Representative Michael Davis				Date 06/27/2025	
Signature of Authorized Representative 					

State of Rhode Island
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAIL TO:
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BY VECB1