



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

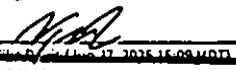
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		22,227,833	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 10:00A

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