

# NORTH CAROLINA Department of the Secretary of State

## To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

#### ANNUAL REPORT

**OF** 

### KRISPY KREME DOUGHNUTS, INC.

the original of which was filed in this office on the 22nd day of May, 2022.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of August, 2022.

Elaine J. Marshall

Secretary of State

Certification# 114054982-1 Reference# 18945227- Page: 1 of 3 Verify this certificate online at https://www.sosnc.gov/verification



| BUSINESS COF                  | RPORATION ANNUAL REPORT      | ļ                       |
|-------------------------------|------------------------------|-------------------------|
| NAME OF BUSINESS CORPORATION: | Krispy Kreme Doughnuts, Inc. |                         |
|                               |                              | Filing Office Lice Only |

| SECRETARY OF STATE ID NUMBER: 05                             | 13436 STATE                                   | STATE OF FORMATION: NC         |                                                                         |  |
|--------------------------------------------------------------|-----------------------------------------------|--------------------------------|-------------------------------------------------------------------------|--|
| REPORT FOR THE FISCAL YEAR END:                              | 12/31/2021                                    |                                | E - Filed Annual Report<br>0513436<br>CA202214200206<br>5/22/2022 04:00 |  |
| SECTION A: REGISTERED AGENT'S INFO                           | <u>ORMATION</u>                               |                                |                                                                         |  |
| 1. NAME OF REGISTERED AGENT:                                 | Corporation Service                           | Company                        |                                                                         |  |
| 2. SIGNATURE OF THE NEW REGIST                               | TERED AGENT:                                  |                                |                                                                         |  |
|                                                              | SIG                                           | NATURE CONSTITUTES C           | DNSENT TO THE APPOINTMENT                                               |  |
| 3. REGISTERED AGENT OFFICE STR                               | REET ADDRESS & COUNTY                         | 4. REGISTERED AG               | ENT OFFICE MAILING ADDRESS                                              |  |
| 2626 Glenwood Avenue Suite 550                               |                                               | 2626 Glenwood Avenue Suite 550 |                                                                         |  |
| Raleigh, NC 27608 Wake County                                |                                               | Raleigh, NC 27608              |                                                                         |  |
|                                                              | -                                             |                                |                                                                         |  |
| SECTION B: PRINCIPAL OFFICE INFORM                           | IATION                                        |                                |                                                                         |  |
| 1. DESCRIPTION OF NATURE OF BUSINESS: Holding company        |                                               |                                |                                                                         |  |
| 2. PRINCIPAL OFFICE PHONE NUME                               | BER: (336) 733-3722                           | 3. PRINCIPAL OFF               | CE EMAIL: Privacy Redaction                                             |  |
| 4. PRINCIPAL OFFICE STREET ADDR                              | <u>, , , , , , , , , , , , , , , , , , , </u> |                                | CE MAILING ADDRESS                                                      |  |
|                                                              |                                               |                                |                                                                         |  |
| 370 Knollwood Street                                         |                                               | 370 Knollwood Street           |                                                                         |  |
| Winston-Salem, NC 27103                                      |                                               | Winston-Salem,                 | NC 27103                                                                |  |
| 6. Select one of the following if ap                         | oplicable. (Optional see in                   | nstructions)                   |                                                                         |  |
| The company is a vetera                                      | n-owned small business                        |                                |                                                                         |  |
| The company is a service                                     | e-disabled veteran-owned                      | small business                 |                                                                         |  |
|                                                              |                                               |                                |                                                                         |  |
| SECTION C: OFFICERS (Enter additional o                      | officers in Section E.)                       |                                |                                                                         |  |
| NAME: James Krikorian                                        | NAME: Michael Ta                              | attersfield                    | NAME: Michael Tattersfield                                              |  |
| Treasurer Treasurer                                          | TITLE: Chief Exec                             | cutive Officer                 | TITLE: President                                                        |  |
| ADDRESS:                                                     | ADDRESS:                                      |                                | ADDRESS:                                                                |  |
| 370 Knollwood Street                                         | 370 Knollwood St                              | reet                           | 370 Knollwood Street                                                    |  |
| Winston-Salem, NC 27103                                      | Winston-Salem, N                              | C 27103                        | Winston-Salem, NC 27103                                                 |  |
| SECTION D: CERTIFICATION OF ANNU                             | JAL REPORT. Section D mu                      | st be completed in its         | entirety by a person/business                                           |  |
| entity.<br>Cathy Tang                                        |                                               | 5/22/2022                      |                                                                         |  |
| SIGNATURE Form must be signed by an officer listed under Sec | etion C of this form.                         |                                | DATE                                                                    |  |
| Cathy Tang                                                   |                                               | Secretary                      |                                                                         |  |
| Print or Type Name of                                        | f Officer                                     |                                | Print or Type Title of Officer                                          |  |

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

#### **SECTION E: ADDITIONAL OFFICERS**