

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



1. CORPORATION NAME:
BOJANGLES' RESTAURANTS, INC.

DUE DATE: 12/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
C T CORPORATION SYSTEM
4701 Cox Rd Ste 285
Glen Allen, VA 23060-6808

SCC ID NO.: F109394-9

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
087-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
DE-Delaware

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 9432 SOUTHERN PINE BLVD	ADDRESS:
CITY/ST/ZIP CHARLOTTE, NC 28273-	CITY/ST/ZIP

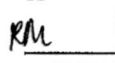
7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

0000322

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: Jose Amario	NAME:
TITLE: CEO, President	TITLE:
ADDRESS: 9432 Southern Pine Blvd	ADDRESS:
CITY/ST/ZIP: Charlotte, NC 28273-0000	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

DS DocuSigned by:
 Laura Roberts Laura Roberts, Chief Legal Officer, Secretary & Chief Compliance Officer November 24, 2021
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE DATE

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
BOJANGLES' RESTAURANTS, INC.

DUE DATE: 12/31/21
SCC ID NO.: F109394-9

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Laura Roberts TITLE: CLO/ COMPLIANCE ADDRESS: 9432 Southern Pine Blvd CITY/ST/ZIP: Charlotte, NC 28273-0000</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Reese Stewart TITLE: CFO, Treasurer ADDRESS: 9432 Southern Pine Blvd CITY/ST/ZIP: Charlotte, NC 28273-0000</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Brian Unger TITLE: Chief Operating ADDRESS: 9432 Southern Pine Blvd CITY/ST/ZIP: Charlotte, NC 28273-0000</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Jose Costa TITLE: Chief Development Chief Growth Officer ADDRESS: 9432 Southern Pine Blvd CITY/ST/ZIP: Charlotte, NC 28273-0000</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Jose Costa TITLE: Chief Growth officer ADDRESS: 9432 Southern Pine Blvd. CITY/ST/ZIP: Charlotte, NC 28273</p>

0900322

