

**2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: F1093949
Filing Number: 2011192622502
Filing Date/Time: 11/19/2020 11:20 AM
Effective Date/Time: 11/19/2020 11:20 AM



1. CORPORATION NAME:
BOJANGLES' RESTAURANTS, INC.

DUE DATE: 12/31/20

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 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: 9432 SOUTHERN PINE BLVD.
CITY/ST/ZIP	CHARLOTTE, NC 28273-0000 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.

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:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:

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

Laura Roberts Laura Roberts, Chief Legal Officer, Secretary and Compliance Officer 11-18-20
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2020 ANNUAL REPORT CONTINUED

CORPORATION NAME:
BOJANGLES' RESTAURANTS, INC.

DUE DATE: **12/31/20**
SCC ID NO.: **F109394-9**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Reese Stewart TITLE: CFO, Treasurer ADDRESS: CITY/ST/ZIP:</p>	<p align="center">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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Laura Roberts TITLE: VP, SECRETARY ADDRESS: 9432 SOUTHERN PINE BLVD. CITY/ST/ZIP: CHARLOTTE, NC 28273-0000</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Laura Roberts TITLE: Chief Legal Officer, Secretary & Compliance Officer ADDRESS: 9432 SOUTHERN PINE BLVD. CITY/ST/ZIP: CHARLOTTE, NC 28273-0000</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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Brian Unger TITLE: Chief Operating ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Brian Unger TITLE: Chief Operating Officer 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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Jose Costa TITLE: Chief Developme ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Jose Costa TITLE: Chief Development Officer ADDRESS: CITY/ST/ZIP:</p>

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