

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004775

**Entity Name:** RED RIVER SPECIALTIES, INC.

**Current Principal Place of Business:**

1324 N. HEARNE AVENUE, SUITE 120  
SHREVEPORT, LA 71107

**Current Mailing Address:**

1324 N. HEARNE AVENUE, SUITE 120  
SHREVEPORT, LA 71107 US

**FEI Number:** 72-1115450

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BERGONZI, FRANK  
Address          1324 N. HEARNE AVENUE, SUITE 120  
  
City-State-Zip:   SHREVEPORT LA 71107

Title            SECRETARY, DIRECTOR  
Name            BURT, STEPHEN M  
Address          1324 N. HEARNE AVENUE, SUITE 120  
  
City-State-Zip:   SHREVEPORT LA 71107

Title            TREASURER  
Name            ETRE, ALBERT P. III  
Address          1324 N. HEARNE AVENUE, SUITE 120  
  
City-State-Zip:   SHREVEPORT LA 71107

Title            CFO, DIRECTOR  
Name            MORIARTY, TERENCE P  
Address          1324 N. HEARNE AVENUE, SUITE 120  
  
City-State-Zip:   SHREVEPORT LA 71107

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERENCE P MORIARTY

**CHIEF FINANCIAL  
OFFICER**

**04/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date