

2017 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**CFO, DIRECTOR****05/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date