

2018 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	DIRECTOR
Name	BERGONZI, FRANK
Address	1324 N. HEARNE AVENUE SUITE 120
City-State-Zip:	SHREVEPORT LA 71107

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

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

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

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

Title	TREASURER
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**TREASURER****04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date