



05-102
(Rev.2-24/35)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions.

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

Due date

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2 0 2 4

5/15/2024

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you.

Taxpayer name RED RIVER VALLEY AMATEUR RADIO CLUB		<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 2448 LAMAR AVE #726			Secretary of State (SOS) file number or Comptroller file number
City PARIS	State TX	ZIP code plus 4 75460-4760	0802506181

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Mail signed report to:
Texas Comptroller of Public Accounts
P.O. Box 149348
Austin, Tx 78714-9348

Please sign below!

This report must be signed to satisfy franchise tax requirements.

For locations and phone numbers visit www.comptroller.texas.gov/about/contact.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration	m	m	d	d	y	y
WILLIAM TOWNSEND	BOARD MEMBER	<input type="checkbox"/> YES	033125	0	3	3	1	2	5
Mailing address 555 20TH ST SE	City PARIS	State TX	ZIP Code 75460						
Name	Title	Director	Term expiration						
Mailing address	City	State	ZIP Code						
Name	Title	Director	Term expiration						
Mailing address	City	State	ZIP Code						

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
NA			
NA			

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
NA			

Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: PHILLIP BEALL	Office: 2448 LAMAR AVE #726	City PARIS	State TX
		ZIP Code 75460	

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title SECRETARY	Date 07/30/2024	Area code and phone number (214) 729 - 6182
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Texas Comptroller Official Use Only

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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
PM Date			

