



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDGESS BSD
24 DEC 19 AM 10:39:20
CLERK OF STATE
OFFICE ONLY

1. Entity ID Number 000072398		2. Exact name of the Corporation BDT Holdings, Inc.	
3. Principal Office Address 627 West College Street		City Grapevine	State TX
		Zip 76051	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Insurance broker		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Richard Kerr		Vice-President Name Zhu Wang	
Street Address 627 West College Street		Street Address 100 Wood Ave. South, 4th Floor	
City Grapevine	State TX	City Iselin	State NJ
Zip 76051		Zip 08830	
Secretary Name Timothy Robb		Treasurer Name James Siddall	
Street Address 100 Wood Ave. South, 4th Floor		Street Address 627 West College Street	
City Iselin	State NJ	City Grapevine	State TX
Zip 08830		Zip 76051	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Richard Eknoian		Director Name Timothy Robb	
Street Address 100 Wood Avenue South, 4th Floor		Street Address 100 Wood Avenue South, 4th Floor	
City Iselin	State NJ	City Iselin	State NJ
Zip 08830		Zip 08830	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		100	common
			npv
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative Timothy Robb			Date 12/2/2024
Signature of Authorized Representative <i>Timothy Robb</i>			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

DEC 19 2024
BY *RTS*
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FORM 630 Revised 12/2023