



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.

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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 <input type="checkbox"/> | | | | | |
| 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 | Zip 76051 | City Iselin | State NJ | 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 | Zip 08830 | City Grapevine | State TX | Zip 76051 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | Zip 08830 | City Iselin | State NJ | Zip 08830 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | | | |
| 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 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 *RTDSD*
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FORM 630 Revised 12/2023