State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2024 AMENDED

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
001765435	GDC AMERICA, INC.

3. Principal Office Address	City	State	Zip
3600 South Blvd, STE 200	Charlotte	NC	28209

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541810	Digital Marketing
5. State of Incorporation	
Florida	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name: William Hanson			Vice-President Name:		
Street Address: 3600 South Blvd, STE 200			Street Address:		
City: Charlotte	State: NC	Zip: 28209	City:	State:	Zip:
Secretary Name: Max Bichsel			Treasurer Name: Adria Hutchison		
Street Address: 3600 South Blvd, STE 200			Street Address: 3600 South Blvd, STE 200		
City: Charlotte	State: NC	Zip: 28209	City: Charlotte	State: NC	Zip: 28209

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name: William Hanson			Director Name:		
Street Address: 3600 South Blvd, STE 200			Street Address:		
City: Charlotte	State: NC	Zip: 28209	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	0.01

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. FILED

Name of Authorized Representative	Date
Denise Bell, Power of Attorney	12/19/2024

Signature of Authorized Representative: Denise Bell BY

JUL 11 2025

12964

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

FORM 630 - Revised: 08/2020