



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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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 OCT 30 P 12:24

1. Entity ID Number 000083541		2. Exact name of the Corporation Broadspire Services, Inc.			
3. Principal Office Address 5335 Triangle Parkway			City Peachtree Corners	State GA	Zip 30092
4. NAICS Code 524291		6. Brief description of the character of business conducted in Rhode Island Claims management services			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Michael Hoberman			Vice-President Name Holly Boudreau		
Street Address 5335 Triangle Parkway			Street Address 5335 Triangle Parkway		
City Peachtree Corners	State GA	Zip 30092	City Peachtree Corners	State GA	Zip 30092
Secretary Name Tami Stevenson			Treasurer Name Thomas J. Welch		
Street Address 5335 Triangle Parkway			Street Address 5335 Triangle Parkway		
City Peachtree Corners	State GA	Zip 30092	City Peachtree Corners	State GA	Zip 30092
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tami Stevenson			Director Name Joseph O. Blanco		
Street Address 5335 Triangle Parkway			Street Address 5335 Triangle Parkway		
City Peachtree Corners	State GA	Zip 30092	City Peachtree Corners	State GA	Zip 30092
Director Name Michael Hoberman			Director Name		
Street Address 5335 Triangle Parkway			Street Address		
City Peachtree Corners	State GA	Zip 30092	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 A	NPV
		1000		Common B	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 Tami E. Stevenson, Secretary					Date 10/11/2023
Signature of Authorized Representative 					

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

OCT 30 2023
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FORM 630- Revised: 04/2023

Name	Title	Address
James A. Kochinski	Vice President	5335 Triangle Parkway, Peachtree Corners, GA 30092
Matthew Taylor	Vice President	5335 Triangle Parkway, Peachtree Corners, GA 30092
Joseph O. Blanco	Sr. Vice President	5335 Triangle Parkway, Peachtree Corners, GA 30092
Thomas J. Welch	CFO	5335 Triangle Parkway, Peachtree Corners, GA 30092
Michael Hoberman	CEO	5335 Triangle Parkway, Peachtree Corners, GA 30092
Mark Connelly	Asst. Vice President	5335 Triangle Parkway, Peachtree Corners, GA 30092
Marcus Thomas	Asst. Vice President	5335 Triangle Parkway, Peachtree Corners, GA 30092
Lisa Tortora	Asst. Vice President	5335 Triangle Parkway, Peachtree Corners, GA 30092
Maria Necita B Geronimo	Asst. Treasurer	5335 Triangle Parkway, Peachtree Corners, GA 30092