



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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1. Entity ID Number 000162667		2. Exact name of the Corporation Broniec Associates, Inc.			
3. Principal Office Address 4855 Peachtree Ind Blvd., Suite #245			City Berkeley Lake	State GA	Zip 30092
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island Accounts payable auditing services			
5. State of Incorporation GA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Broniec			Vice-President Name		
Street Address 4855 Peachtree Ind Blvd., Ste #245			Street Address		
City Berkeley Lake	State GA	Zip 30092	City	State	Zip
Secretary Name Matthew Broniec			Treasurer Name Paul Broniec		
Street Address 4855 Peachtree Ind Blvd., Ste. #245			Street Address 4855 Peachtree Ind Blvd., Ste. #245		
City Berkeley Lake	State GA	Zip 30092	City Berkeley Lake	State GA	Zip 30092
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank Broniec			Director Name Paul Broniec		
Street Address 855 Peachtree Ind Blvd., Ste #245			Street Address 4855 Peachtree Ind Blvd., Ste #245		
City Berkeley Lake	State GA	Zip 30092	City Berkeley Lake	State GA	Zip 30092
Director Name Matthew Broniec			Director Name		
Street Address 4855 Peachtree Ind Blvd., Ste #245			Street Address		
City Berkeley Lake	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	
		150,000		common stock	
				PAR VALUE	
				15,000	
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. <i>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.</i>					
Name of Authorized Representative Paul M. Broniec				Date March 28, 2024	
Signature of Authorized Representative 					

FILED

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BY

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