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State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2022
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
000162667	Broniec Associates, Inc.			
3. Principal Office Address		City	State	Zip
4855 Peachtree Ind Blvd., Suite #245		Berkeley Lake	GA	30092
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541219	Accounts payable auditing services			
5. State of Incorporation				
GA				

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

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 ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	150,000	common stock	15,000
Changes require an additional filing.			

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	Date
Paul M. Broniec	March 28, 2024

Signature of Authorized Representative

FILED
APR 05 2024
BY AA. 2:46pm.

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: 12/2023