



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS BSO  
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FOR  
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USE ONLY

Annual Report for the year:  
Limited Liability Company

2025

- 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 001616166		2. Exact name of the Limited Liability Company ASSISTED LENDING, LLC	
3. NAICS Code 631190		4. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF PROPERTIES AND BUSINESSES	
5. State of Formation RI			
6. Principal Office Address 15 King Street		City Narragansett	State RI
		Zip 02882	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Lorenzo Benedetti		Contact Title Owner	
Street Address 15 King Street		City Narragansett	State RI
		Zip 02882	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person Lorenzo Benedetti		Date 11/17/2025	
Signature of Authorized Person Le Benedetti			

FILED

JAN 17 2025

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BY 3K52Q  
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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