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## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

→ 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	2. Exact name of the Limited Liability Company				
001616166	ASSISTED LENDING, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
631190	MANAGEMENT OF PROPERTIES AND BUSINESSES				
5. State of Formation	1				
RI					
6. Principal Office Address	,	City	State	Zip	
15 King Street		Narragansett	RI	02882	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
lorenzo '	Benedoth:	Owner_			
Street Address	Street	City Narragonsoft	State	2ip 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			Date		
Wenzo Benedit			11/17/2025		
Signature of Authorized Person					
Le Deth					

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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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