



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2025

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.

1. Entity ID Number 001681077		2. Exact name of the Limited Liability Company SmartPay Leasing LLC	
3. NAICS Code 522220		4. Brief description of the character of business conducted in Rhode Island Rental Company	
5. State of Formation Delaware			
6. Principal Office Address 7755 Montgomery Road, Suite 500		City Cincinnati	State OH
		Zip 45236	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Silvia Potts		Contact Title Licensing Specialist	
Street Address 7755 Montgomery Rd., Suite 500		City Cincinnati	State OH
		Zip 45236	
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 Luke Williamson		Date 5/29/2025	
Signature of Authorized Person Signed by: <i>Luke Williamson</i>			

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BY 70224

MAIL TO:

Division of Business Services

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