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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2024

→ 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				
001681077	SmartPay Leasing	SmartPay Leasing LLC			
3. NAICS Code	4. Brief description of the cha	Brief description of the character of business conducted in Rhode Island Rental Company			
522220	Rental Company				
5. State of Formation					
Delaware					
6. Principal Office Address		City	State	Zip	
7755 Montgomery Road, Suite 500		Cincinnati	OH ,	45236	
7. Mailing Address of Limited	d Liability Company and Name or T	itle 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			Date		
Luke Williamson		•	5/29/2025	5/29/2025	
Signature of Authorized Per	son		-		
Luke Williamson.			•		
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BY 10224

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov