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

**Annual Report for the year:** 2025
**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 |
|---|---|
| 000734336 | LENDING CAPITAL GROUP |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 260 KNOWLES AVE, SUITE 330 | SOUTHAMPTON | PA | 18966 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 522292 | Primarily lending funds with real estate as collateral |
| 5. State of Incorporation: PA | |

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

| President Name | Vice-President Name |
|---|---|
| ROSTISLAV FELDMAN | REGINA LITOVSKY |
| Street Address: 2779 BUTTERCUP COURT | Street Address: 1358 SPENSER ROAD |
| City: HUNTINGDON VALLE, State: PA, Zip: 19006 | City: IVYLAND, State: PA, Zip: 18974 |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |

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

| Director Name | Director Name |
|---|---|
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** **Changes require an additional filing.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | |
| | | | |

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 |
|---|---|
| ROSTISLAVE FELDMAN | 8/15/2025 |

Signature of Authorized Representative

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FILED 2:57
AUG 15 2025
BY 3NmBQ

FORM 630- Revised: 12/2023