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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
1734336	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