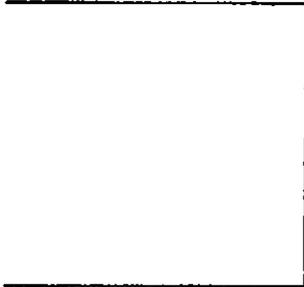




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Annual Report for the year: 2020
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-----------------|---|---|--------------------------|---------------------|
| 1. Entity ID Number 1659276 | | 2. Exact name of the Limited Liability Company 27 Alden Ave. Properties, LLC | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island Real estate investment, management, ownership, rentals, buying, selling and related transactions. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address One Cates Landing | | | City Warwick | State RI | Zip 02888 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Michael Feiler | | | Contact Title Manager | | |
| Street Address One Cates Landing | | | City Warwick | State RI | Zip 02888 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Michael Feiler | | | Manager Name Rachele Feiler | | |
| Street Address One Cates Landing | | | Street Address One Cates Landing | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02888 |
| Manager Name Paula deCaro-Copley | | | Manager Name | | |
| Street Address 32 Lancashire Drive | | | Street Address | | |
| City Mansfield | State MA | Zip 02048 | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Michael Feiler, Manager | | | | Date 9/26/2020 | |
| Signature of Authorized Person | | | SIGN DOCUMENT HERE | | |

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
 OCT 08 2020
 BY 1262 KM