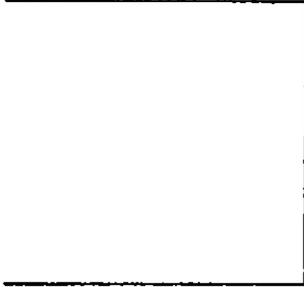




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**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 <b>1659276</b>		2. Exact name of the Limited Liability Company <b>27 Alden Ave. Properties, LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real estate investment, management, ownership, rentals, buying, selling and related transactions.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>One Cates Landing</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Michael Feiler</b>			Contact Title <b>Manager</b>		
Street Address <b>One Cates Landing</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Michael Feiler</b>			Manager Name <b>Rachele Feiler</b>		
Street Address <b>One Cates Landing</b>			Street Address <b>One Cates Landing</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
Manager Name <b>Paula deCaro-Copley</b>			Manager Name		
Street Address <b>32 Lancashire Drive</b>			Street Address		
City <b>Mansfield</b>	State <b>MA</b>	Zip <b>02048</b>	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 <b>Michael Feiler, Manager</b>				Date <b>9/26/2020</b>	
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