



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109135		2. Exact name of the limited liability company FALMOUTH VENTURES II, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE BY LEASE AND TO OPERATE, DEVELOP, OWN, IMPROVE, LEASE AND DISPOSE OF REAL PROPERTY	
5. Principal office address 14 HONOR PLACE		City TOPSFIELDS	State MA
		Zip 01983	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEFFREY F GORE		Contact Title MANAGER	
Street Address 14 HONOR PLACE		City TOPSFIELDS	State MA
		Zip 01983	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name JEFFREY F GORE		Manager Name CHRISTOPHER F NASH	
Street Address 14 HONOR PLACE		Street Address 183 SWEETEN LANE	
City TOPSFIELDS	State MA	City WAYLAND	State MA
Zip 01983		Zip 01778	
Manager Name S. RAYMOND PHIPPS		Manager Name	
Street Address 364 OAK STREET		Street Address	
City NEWTON	State MA	City	State
Zip 02465		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID J. TRACY		Address	
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



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.

Date 10-31-05	ID No. 109135
Check No. 1347	
By: VP	
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: *[Signature]*  
Date: 10-29-05

Print or Type Name of Authorized Person: JEFFREY F GORE, MANAGER



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>109135</b>		2. Exact name of the limited liability company <b>FALMOUTH VENTURES II, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO ACQUIRE BY LEASE AND TO OPERATE, DEVELOP, OWN, IMPROVE, LEASE AND DISPOSE OF REAL PROPERTY</b>	
5. Principal office address <b>14 HONOR PLACE</b>		City <b>TOPSFIELDS</b>	State <b>MA</b>
		Zip <b>01983</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>JEFFREY F. GUYE</b>		Contact Title <b>MANAGER</b>	
Street Address <b>14 HONOR PLACE</b>		City <b>TOPSFIELDS</b>	State <b>MA</b>
		Zip <b>01983</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>JEFFREY F. GUYE</b>		Manager Name <b>CHRISTOPHER F. NASH</b>	
Street Address <b>14 HONOR PLACE</b>		Street Address <b>183 GREEN LAKE</b>	
City <b>TOPSFIELDS</b>	State <b>MA</b>	City <b>WAYLAND</b>	State <b>MA</b>
Zip <b>01983</b>		Zip <b>01478</b>	
Manager Name <b>S. RAYMOND KHENS</b>		Manager Name	
Street Address <b>364 GAS STREET</b>		Street Address	
City <b>NEWTON</b>	State <b>MA</b>	City	State
Zip <b>02458</b>		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>DAVID J. TRACY</b>		Address	
Address <b>ONE FINANCIAL PLAZA, SUITE 1800</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 0 9 1 3 5 \*

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.

File Date: **10/7/04**

Check No. **1244**

By: **DJ**

FOR SECRETARY OF STATE: USE ONLY

Signature of Authorized Person: **[Signature]**

Date: **10-4-04**

Print or Type Name of Authorized Person: **JEFFREY F. GUYE, MANAGER**



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 109135		2. Exact name of the limited liability company FALMOUTH VENTURES II, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE BY LEASE AND TO OPERATE, DEVELOP, OWN, IMPROVE, LEASE AND DISPOSE OF REAL PROPERTY	
5. Principal office address 14 HONOR PLACE		City TOPSFIELDS	State MA
		Zip 01983	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEFFREY F GUYE		Contact Title MANAGER	
Street Address 14 HONOR PLACE		City TOPSFIELDS	State MA
		Zip 01983	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name JEFFREY F GUYE		Manager Name CHRISTOPHER F NASH	
Street Address 14 HONOR PLACE		Street Address 183 GREEN LANE	
City TOPSFIELDS	State MA	Zip 01983	City WAYLAND
			State MA
			Zip 01778
Manager Name G. RAYMOND ARMENS		Manager Name	
Street Address 369 OHS STREET		Street Address	
City NEWTON	State MA	Zip 02465	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID J. TRACY		Address	
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 0 9 1 3 5 \*

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.

Filed On: 10/22/03  
Check No. 1157  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature]  
Signature of Authorized Person  
Date  
JEFFREY F GUYE MANAGER  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109135		2. Exact name of the limited liability company FALMOUTH VENTURES II, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE BY LEASE AND TO OPERATE, DEVELOP, OWN, IMPROVE, LEASE AND DISPOSE OF REAL PROPERTY	
5. Principal office address 14 Honor Place		City Topsfield	State MA
			Zip 01983
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jeffrey F. Gove		Contact Title Member	
Street Address 14 Honor Place		City Topsfield	State MA
			Zip 01983
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Jeffrey F. Gove		Manager Name Christopher F. Nash	
Street Address 14 Honor Place		Street Address 183 Glezen Lane	
City Topsfield	State MA	City Wayland	State MA
Zip 01983		Zip 01778	
Manager Name G. Raymond Ahrens		Manager Name	
Street Address 367 Otis Street		Street Address	
City Newton	State MA	City	State
Zip 02165		Zip	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID J. TRACY		Address	
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\* 1 0 9 1 3 5 \*

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.

File Date 10/26/02

Check No. 1037

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person [Signature] Date \_\_\_\_\_

Jeffrey F. Gove, Member/ Manager

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLIC 109135

Annual Report for the year 2001

1. The name of the limited liability company is:

FALMOUTH VENTURES II, LLC

2. The address of the principal office of the limited liability company is:

14 Honor Place, Topsfield, MA 01983

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DAVID J. TRACY

1800 BANKBOSTON PLAZA PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Jeffrey F. Gove, Manager

14 Honor Place, Topsfield, MA 01983

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire by lease and to operate, develop, own, improve, lease and dispose of real property.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Jeffrey F. Gove</u>	<u>14 Honor Place, Topsfield, MA 01983</u>
<u>Christopher F. Nash</u>	<u>183 Glezen Lane, Wayland, MA 01778</u>
<u>G. Raymond Ahrens</u>	<u>367 Otis Street, Newton, MA 02165</u>

Dated September 10, 2001

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.



FALMOUTH VENTURES II, LLC

*Exact Name of Limited Liability Company*

By [Signature]  
Jeffrey F. Gove  
Manager

FOR SECRETARY OF STATE USE ONLY  
 File Date: **FILED**  
 Check No.: SEP-20-2001  
 By: OC 1255

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 109135

Annual Report for the year 2000

1 The name of the limited liability company is:

FALMOUTH VENTURES II, LLC

2 The address of the principal office of the limited liability company is:

14 Honor Place, Topsfield, MA 01983

3 The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND

4 The name and address of its resident agent is: CT CORPORATION SYSTEM

10 Weybosset Street, Providence, RI 02903

5 The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Jeffrey F. Gove, Manager

14 Honor Place, Topsfield, MA 01983

6 A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire by lease and to operate, develop, own, improve, lease and dispose of real property.

7 If the limited liability company has managers, list the name and address of each manager:

*Name*

*Address*

Jeffrey Gove

14 Honor Place, Topsfield, MA 01983

Christopher F. Nash

183 Glezen Lane, Wayland, MA 01778

G. Raymond Ahrens

367 Otis Street, Newton, MA 02165

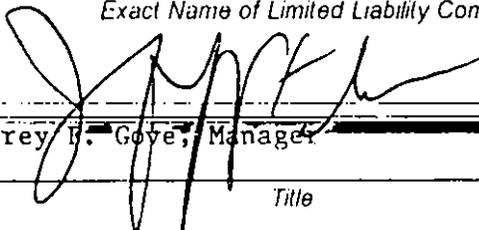
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Date: December 4, 2000

FALMOUTH VENTURES II, LLC

*Exact Name of Limited Liability Company*

**FILED**

By   
Jeffrey F. Gove, Manager

*Title*