	State of Rhode	cland E		
	Office of the Secreta		ee: \$50.00	
	Division Of Business	Services		
	148 W. River St			
	Providence RI 0290			
HOPE	(401) 222-304	-0		
Limited Liability Com	ipany			
Annual Report Filing Period: September 1	- Novombor 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc			
16-66(b&c)) is subject to a				
ANNUAL REPORT YEAR:	<u>2020</u>			
<b>1. ID No.</b> <u>00010913</u>	5			
2. Exact Name of the Limited Liability Company FALMOUTH VENTURES II, LLC				
3. State of Formation				
State: <u>RI</u>				
-	Code that best describes the primary e information on <u>NAICS</u> can be found		wnload	
4 Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Is	land	
			hand	
TO ACOUIRE BY LEA	SE AND TO OPERATE, DEVEL	OP OWN IMPROVE LEASE AT	ND	
DISPOSE OF REAL PR				
5 Bringing Office Addre				
5. Principal Office Addre				
	WAIN DRIVE	I 7:n. 02011 0	' <b>A</b>	
City or Town: <u>HA</u>	<u>MPTON FALLS</u> State: <u>NI</u>	$\underline{\mathbf{I}}$ Zip: $\underline{03844}$ Country: $\underline{\mathbf{US}}$	A	
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:		
Contact Name: JEFFREY F. GOVE Contact Title: MANAGER				
No. and Street: 7 SWAIN DRIVE				
City or Town: HAI	MPTON FALLS State: NH	Zip: <u>03844</u> Country: <u>US</u>	<u>iA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
11116	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, C	ountry	
MANAGER	JEFFREY F. GOVE	7 SWAIN DRIVE		
		HAMPTON FALLS, NH 03844 USA		

MANAGEF	2
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CHRISTOPHER F. NASH

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HASLAW, INC. 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY, ALLEN & SNYDER LLP PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 23 Day of August, 2020 at 4:42:38 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By /JEFFREY F. GOVE/

Signature of Authorized Person

Form No. 632 Revised 09/07

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