

Address

ONE FINANCIAL PLAZA, SUITE 1800

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divis 100 North Main St Providence, RI 02903-1

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LIMITED LI Filing Period: Septen (FORM MUST BE TYPED	wer removember i	PANY ANNUAL Filing Fee: \$50.00	REPORT FOR	THE YEAR	2005
1. ID No.	2. Exact name of the limited luc	thill an			
115693	FALMOUTH MM ASSOCI				
3 State of Formation					
RHODE ISLAND	I TO ACT AS MAN	IAGER AND/OR MANAGII	hich is actually conducted in Rhoo NG MEMBER OF FALMOUT	<sup>de Island</sup> H VENTURES, LLC AND	FALMOUTH
5. Principal office address 14 HONOR	PLACE		IOX GELX	State U.A-	1560,2
6. MAILING ADDRES	SS OF LIMITED LIABILIT	Y COMPANY AND NAM	E OR TITLE OF CONTACT	PERSON:	
JEFFREY	F. GOVE		Contact Title IU.Anpase (_		
14 HONOY	L PLACE		TOPSHELL	State NA	<sup>zφ</sup> /583
	TILL IN SPACE	S BEFORE HSING ATTA	CHMENTS ("X" BOX FOLLING OF AMENDMENT, R		/ 7-16-52
JEHNE	4 / 6UR	<u>/</u>	Manager Name CHNIS 100	HER F MA	<i>x</i> #
Sireci Adyres Hanc	A SLACE		Street Address 6LLZ	en Lane	= · ·
GOSTIELD	State UH	01983	Univans	State	(5)749
	LUNS AHRE	25	Manager Name		)
Sirrei Address 4 O	dis Street		Street Address		
Newton	State MA	200465	Clty	State	Zip
8. RESIDENT AGENT Agent Name	IN RHODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 6	42 - R.I.G.L. 7-16-11	- — — — — — — — — — — — — — — — — — — —
DAVID J. TRACY					

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

City

**PROVIDENCE** 

	Under penalty of perjury, I declare and affirm that I have examined this report,
File Date (0.31.0) 115693*  Check No. 13 13	including any accompanying schedules and statements, and that all statements, contained herein are true and correct.
FOR SECRETARY OF STATE USE ONLY	Signature of Auffilia Person Date  JEGNEY F 608 NAMABER  Print or Type Name of Authorized Person

7.ф

02903-



Address

ONE FINANCIAL PLAZA, SUITE 1800

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dusc 100 North Main St Providence RI 02903-1

* ********					401/2223
a common organica	ABILITY COMP nber 1 - November 1 • OR PRINTED IN BLACK)	ANY ANNUAL Filing Fee: \$50.00	REPORT FOR TH	IE YEAR	2004
1 ID No	2 Exact name of the limited liab	ulity company	<del></del>		
115693	FALMOUTH MM ASSOCIA				
3 State of Formation	4. Brief description of t	he character of the business v	hich is actually conducted in Rhode Is	land	
RHODE ISLAND	TO ACT AS MANA	GER AND/OR MANAGIN	NG MEMBER OF FALMOUTH V	ENTURES, LLC AND F	FALMOUTH
14 HMOK 6. MAILING ADDRE	PLACE	NAME OF THE PERSON OF THE PERS	TODSFIELD	State	61983
Sirvet Address	4 F. Bare	COMPANY AND NAM	Contact Pile  Contact Title  MANASCE	ERSON:	
14 HONOR DEACH MANAGER OF THE LIMITED LIAB			TODSFIELD	state MA	0983
	TILL IN SPACES	REFORE DSING ATTA	CHMENTS ("X" BOX FOR A LING OF AMENDMENT, R.L.G		7-16-52
JEFFRE 4	F. GOVE	<u></u>	Manager Name CHEISTOPHE	RF. MAS	S.H
14 HONOR	PLACE	<del></del> _	183 GLEZEY	1 LANE	
1005HCk	& State MA	"OM83	WAYLARS	State A11A	210 74 483
O KAYK	IONS AHRE	ens	Manager Name		· · · · · · · · · · · · · · · · · · ·
Street Addient SOY	is Synket		Street Address		
MEWITON 8. RESIDENT AGENT	State MA	02/65	Cuy	State	Zip
Agent Name	IN RHODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642  Address	- R.I.G.L. 7-16-11	1
DAVID J. TRACY					

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

Cey

PROVIDENCE



File Date 1 0 1 7 1 0 4
Chreck No _ 1245
By:
FOR SECRETARY OF STATE USE ONLY

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

Zφ

02903-

Signature of Parkorized Person

10-4-01 Date

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Su Providence, RI 02903-13

401 222 30

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

Filing Period: Sep. (FORM MUST BE TYP	otember 1 - November 1 - • PFD OR PRINTED IN BLACK)	Filing Fee: \$50.00	KET OKT TOK TI		<del></del>
1 //2 No 115693	2 Exact name of the limited in FALMOUTH MM AS	SOCIATES, LLC			
3. State of two matrine	<del></del>		subject is actually conducted in Rhyde F	stand	<del></del>
RHODE ISLAND	TO ACT AS MAN	IAGER AND/OR MANAG <del>LG, BOTH RI LIMITED L</del>	SING MEMBER OF FALMOUTH VI	ENTURES, LLC AND F.	ALMOUTH
5 Principal office acts  14 HeA  6. MAILING ADD	UR PLACE		TOPSFILLS ME OR TITLE OF CONTACT PR	State MA	01983
Street Address 1	y F. GUL		Commer Title MANASER		
14 Han	WE DLACE		TOPSFIELDS	Yang UA	01983
	FILL IN SPACE	ES BEFORE USING AT	ABILITY COMPANY, IF APPLIC TACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.L.C	ATTACHARACT	7-16-52
JEFFRY	4 F. GOVE		Manager Name CHILISTOOK	ter F. n	1A3H
14 Hun	OR PLACE	- <del></del>	50 183 BUEZ	en Lan	٤
TOPSFIL	LD PA	101983	WALLAND	State	701778
5 TUALY	mond Attre	ns	Manager Name	***************************************	•••••••••••••••••••••••••••••••••••••••
367	OHS SHILL	<i>t</i>	Street Address	·	
"NWTO	O MA	152165	СИ	State	$Z\psi$
DAVID J. TRACY	IN RHODE ISLAND - DO	O NOT ALTER - Chang	cs require filing of Form 642	- R.I.G.L. 7-16-11	
Address ONE FINANCIAL PLA	NZA, SUITE 1800		PROVIDENCE	Ζιρ <b>02903</b>	

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

	* 1 1 5 6 9 3	
File Date _	3.8.04	
Check Na	115-8	

FOR SECRETARY OF STATE USE ONLY

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

Form 632 Rev. 7/03



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

-	olember 1 - Novembe YPED OR PRINTED IN 1	er I. ● Filing Fee: \$50.00 BLACK)	0			
1. ID No. 115693	2. Exact name of the limited liability company FALMOUTH MM ASSOCIATES, LLC					
3. State of Formation RHODE ISLAND	Toʻac	t as manager and/or	siness which is actually conducted managing member of the conducted of the	f Falmouth Ventu		
5. Principal office ad			City	State	Zıp	
14 Honor P			Topsfield	MA	01983	
Contact Name Jeffrey F.		PORTE TO LEGISTATION OF THE	Contact Title Member	ovobrenik en er	<b>THE PARTY OF THE </b>	
Street Address 14 Honor P	lace		City Topsfield	State MA	<sup>Zip</sup> 01983	
		STORY THE PARTY	ogiczne of Ariginalie in Mark Produkter Betrine of Ariginalie in Mark	est (2 destructus) Tablestinestick References (2 destructus)		
Manager Name			•Manager Name	and the second s	The state of the s	
Jeffrey F.	Gove		Christopher F. Nash			
Street Address 14 Honor P	lace		• Street Address 183 Glezen Lat	ne		
City Topsfield Manager Name	State MA	Zip 01983	City Wayland Manager Name	State MA	Zip 01778	
G. Raymon	d Ahrens		manager wame			
Street Address 367 Otis	Street		Street Address			
City Newton	State MA	Zip 02165	City	State	Zip	
BARESIDEN SAG Agent Name DAVID J. TRACY	as a comparable	nyoriojakeji ere	ece see ewid, illher de न Address	ride Prince and		
Address ONE FINANCIAL PLAZA, SUITE 1800			City PROVIDENCE	Zip	903-	

This report must be signed in ink by an authorized person pursuant to 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.

Signature of Authorized Person

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



D Number	DLLC	115693
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Annual Report for the year 2001

		·				
1.	The name of the limited liability compar	ny is:				
	FALMOUTH MM ASSOCIATES, LLC					
2.	The address of the principal office of the	ne 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.						
	1800 BANKBOSTON PLAZA PROVID	ENCE RI 02903-				
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications				
		effrey F. Gove, Member				
	1	4 Honor Place, Topsfield, MA 01983				
<ul><li>6.</li><li>7.</li></ul>	state: To act as manager and/o Ventures II, LLC, both	the business in which the limited liability company is actually engaged in this r managing member of Falmouth Ventures, LLC and Falmouth RI limited liability companies.				
٠.	Name	agers, the name and address of each manager of the limited liability company  Address				
	Jeffrey F. Gove	14 Honor Place, Topsfield, MA 01983				
	Christopher F. Nash	183 Glezen Lane, Wayland, MA 01778				
	G. Raymond Aherns	367 Otis Street, Newton, MA 02165				
Da	ntedOctober 22, 2001	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and				
	1 1 5 6 9 3	that all statements contained herein are true and correct.  FALMOUTH MM ASSOCIATES, LLC  Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY Date: //-/3-07 197 11/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1	By Jeffrey F. Cove, Member				
Ву:		Title Form No. 632 Revised 01/99				

DETACH DOTTOM BEFORE RETURNING