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
401.222.3

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.	2. Exact name of the limited liability company
115693	FALMOUTH MM ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ACT AS MANAGER AND/OR MANAGING MEMBER OF FALMOUTH VENTURES, LLC AND FALMOUTH VENTURES II, LLC, BOTH RI LIMITED LIABILITY COMPANIES

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: Manager

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)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
Jeffrey F Gove	Christopher F Nash
Street Address: 14 Honor Place	Street Address: 183 Glezen Lane
City: Topsfield State: MA Zip: 01983	City: Wayland State: MA Zip: 01778
Manager Name: G. Raymond Athens	Manager Name
Street Address: 367 Otis 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	Address
DAVID J. TRACY	
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.

[redacted]

[redacted]

File Date: 10-31-05 115693

Check No.: 1343

By: LW

FOR SECRETARY OF STATE USE ONLY

[redacted]

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*: 11-28-05

Jeffrey F Gove, Manager
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*

Corporations Div.
100 North Main St.
Providence, RI 02903-1
401 222-3

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.	2. Exact name of the limited liability company
115693	FALMOUTH MM ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ACT AS MANAGER AND/OR MANAGING MEMBER OF FALMOUTH VENTURES, LLC AND FALMOUTH VENTURES II, LLC, BOTH RI LIMITED LIABILITY COMPANIES

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: MANAGER

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)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
JEFFREY F. GOVE	CHRISTOPHER F. NASH
Street Address: 14 HONOR PLACE	Street Address: 183 GLEZEN LANE
City: TOPSFIELD — State: MA — Zip: 01983	City: WAYLAND — State: MA — Zip: 01778
Manager Name: G. RAYMOND AHRENS	Manager Name:
Street Address: 367 OLIS STREET	Street Address:
City: NEWTON — State: MA — Zip: 02165	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	Address
DAVID J. TRACY	
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.*

[redacted]

* 115693 *

[redacted]

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] — *Signature of Authorized Person* — ✓ 10-4-04 — *Date*

JEFFREY F. GOVE, MANAGER
Print or Type Name of Authorized Person

[redacted]

File Date 10/7/04
Check No 1245
By [illegible]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Div
100 North Main St
Providence, RI 02903-1
401 222 3

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. 115693	2. Exact name of the limited liability company: FALMOUTH MM ASSOCIATES, LLC
3. State of Formation: RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island: TO ACT AS MANAGER AND/OR MANAGING MEMBER OF FALMOUTH VENTURES, LLC AND FALMOUTH ~~VENTURES II, LLC, BOTH RI LIMITED LIABILITY COMPANIES~~

5. Principal office address	City	State	Zip
14 HONOR PLACE	TOPSFIELD	MA	01983

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
JEFFREY F. GAVE	MANAGER		
Street Address	**City**	**State**	**Zip**
14 HONOR PLACE	TOPSFIELD	MA	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)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name			Manager Name		
JEFFREY F. GAVE			CHRISTOPHER F. NASH		
Street Address			Street Address		
14 HONOR PLACE			183 GLEZEN LANE		
City: TOPSFIELD	State: MA	Zip: 01983	City: WAYLAND	State: MA	Zip: 01778
Manager Name			Manager Name		
G RAYMOND AHRENS					
Street Address			Street Address		
367 OTIS STREET					
City: NEWTON	State: MA	Zip: 02165	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	Address	
DAVID J. TRACY		
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 1 5 6 9 3 *

File Date 3-8-04
Check No 1158
By [signature]
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.

[signature]
Signature of Authorized Person *Date*

JEFFREY F GAVE, MANAGER
Print or Type Name of Authorized Person

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

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

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115693	*2. Exact name of the limited liability company* FALMOUTH MM ASSOCIATES, LLC
3. State of Formation RHODE ISLAND	*4. Brief description of the character of the business which is actually conducted in Rhode Island* To act as manager and/or managing member of Falmouth Ventures, LLC and Falmouth Ventures II, LLC, both RI limited liability companies.

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 ... SPACES BEFORE USING ATTACHMENTS ... ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-52 (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	*Zip* 01983	*City* Wayland	*State* MA	*Zip* 01778
Manager Name G. Raymond Ahrens			*Manager Name*		
Street Address 367 Otis Street			*Street Address*		
City Newton	*State* MA	*Zip* 02165	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 ...

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 1 5 6 9 3 *

File Date 10-2-02
Check No. 1635
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.

Signature of Authorized Person *Date*

Jeffrey F. Gove, Member/Manager

Print or Type Name of Authorized Person

Form 632 Rev. 6/0.

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 DLLC 115693 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   FALMOUTH MM ASSOCIATES, 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, Member

   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 act as manager and/or managing member of Falmouth Ventures, LLC and Falmouth Ventures II, LLC, both RI limited liability companies.

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

Name	*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

Dated October 22, 2001

1 1 5 6 9 3

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 MM ASSOCIATES, LLC
Exact Name of Limited Liability Company

By Jeffrey F. Gove, Member

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 11-13-01
Check No.: 1270
By: AMF

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