# Companies House

# AR01 (ef)

## Annual Return

| | |
|---|---|
| *Company Name:* | **Aveo Pharma Limited** |
| *Company Number:* | **06456614** |
| *Date of this return:* | **18/12/2014** |
| *SIC codes:* | **72110** |
| *Company Type:* | **Private company limited by shares** |
| *Situation of Registered Office:* | **2 TEMPLE BACK EAST**<br>**TEMPLE QUAY**<br>**BRISTOL**<br>**UNITED KINGDOM**<br>**BS1 6EG** |

## Officers of the company

# Company Secretary 1

*Type:* **Corporate**

*Name:* **OVALSEC LIMITED**

*Registered or*
*principal address:* **2 TEMPLE BACK EAST**
**TEMPLE QUAY**
**BRISTOL**
**UNITED KINGDOM**
**BS1 6EG**

# European Economic Area (EEA) Company

*Register Location:* **UNITED KINGDOM**
*Registration Number:* **01379423**

## Company Director  *1*

*Type:* **Person**

*Full forename(s):* **TUAN**

*Surname:* **HA-NGOC**

*Former names:*

*Service Address:*
**650 E.KENDALL STREET**
**CAMBRIDGE**
**MASSACHUSETTS**
**USA**
**02142**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **15/03/1952**          *Nationality:* **AMERICAN**

*Occupation:* **CEO**

# Statement of Capital (Share Capital)

| **Class of shares** | ORDINARY | *Number allotted* | 2 |
| --- | --- | --- | --- |
| | | *Aggregate nominal value* | 2 |
| *Currency* | GBP | *Amount paid per share* | 1 |
| | | *Amount unpaid per share* | 0 |

*Prescribed particulars*

**THE SHARES HAVE ATTACHED TO THEM FULL VOTING, DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) RIGHTS; THEY DO NOT CONFER ANY RIGHTS OF REDEMPTION.**

# Statement of Capital (Totals)

| *Currency* | GBP | *Total number of shares* | 2 |
| --- | --- | --- | --- |
| | | *Total aggregate nominal value* | 2 |

# Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 18/12/2014 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for the company are shown below*

*Shareholding 1* : **2 ORDINARY shares held as at the date of this return**

*Name:* **AVEO PHARMACEUTICALS, INC.**

# Authorisation

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.