

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours per response: 4.0

1. Issuer's Iden	ıtitv			
CIK (Filer ID Number)	_	Previous Name(s) None	Entity Type
0001279704		AVAM Intern	ational, Inc.	⊙ Corporation
Name of Issuer				A-67 G
NOVELOS THERAPE	UTICS,			C Limited Partnership
INC.				C Limited Liability Company
Jurisdiction of Incorporation/Organizat	ion			C General Partnership
DE				C Business Trust
Year of Incorporation/	Organization	1		C Other
• Over Five Years Ago				
Within Last Five Yea (Specify Year)	nrs			
Yet to Be Formed				
	6.5			
2. Principal Pla	ce of Bus	siness and	d Contact Info	ormation
Name of Issuer	LITICS INC			
NOVELOS THERAPE	UTICS, INC.			
Street Address 1	S-14- 504		Street Address 2	
One Gateway Center, S				
City		te/Province/Cour		
Newton	М	A	02458	617-244-1616
2 Dalatad Dag				
3. Related Pers	sons			
Last Name	1	First Name		Middle Name
Palmin		Harry		S.
Street Address 1			Street Address 2	
One Gateway Center	, Suite 504			
City		State/Province/C	country	ZIP/Postal Code
Newton		MA		02458
		<u> </u>		<u> </u>
Relationship:	Executive Executive	ve Officer	☑ Director	Promoter
Clarification of December	(:6 N)			
Clarification of Response	e (II Necessary)			
Last Name	,	Einet No		Middle Nome
Protano		First Name Joanne		Middle Name
		Joanne	Cl	M.
Street Address 1	G *4 #0.4		Street Address 2	1
One Gateway Center				
City	9	State/Province/C	ountry	ZIP/Postal Code

Newton		MA		02458		
Relationship:	Execu	tive Officer	Director		Promoter	
Cl. : C	CONT.	`				
Clarification of Response	e (II Necessai	·y)				
Last Name		First Name		Middle	Name	
Hill		Stephen		A.		
Street Address 1			Street Address 2			<u> </u>
One Gateway Center	, Suite 504					
City		State/Province/	State/Province/Country		tal Code	
Newton		MA		02458	02458	
Relationship:	Execu	tive Officer	✓ Director		Promoter	
Clarification of Response	(if Necessa	·v)				
	(11 1 10000001	<i>J</i> /				
Last Name		First Name		Middle	Nama	
Doyle		Michael		J.		
<u> </u>		Wichael	Stunet Address 2	ــــــا ك		
Street Address 1	6 4 504		Street Address 2			_
One Gateway Center	, Suite 504					
City State/Province/Country			Country		tal Code	
Newton		MA		02458		
			- ·			
Relationship:	Execu	tive Officer	Director		Promoter	
Clarification of Response	e (if Necessar	·y)				
Last Name		First Name		Middle	Name	
Fass		Simm				
Street Address 1			Street Address 2			
One Gateway Center	, Suite 504					
City		State/Province/	Country	ZIP/Pos	tal Code	
Newton		MA		02458		
ļ.		<u> </u>				
Relationship:	Execu	tive Officer	☑ Director		Promoter	
Clarification of Response	e (if Necessai	·y)				
Last Name		First Name		Middle Name		
Manuso		James		S.		
Street Address 1			Street Address 2			
One Gateway Center	, Suite 504					
City		State/Province/0	Country	ZIP/Pos	tal Code	_
Newton		MA		02458		
Relationship:	Execu	tive Officer	☑ Director		Promoter	
<u> </u>	L					

Street Address Stre	Last Name		First Name		Middle N	Name	
City State/Province/Country ZIP/Postal Code Newton	McWilliams		David		B.		
City State/Province/Country ZIP/Postal Code Newton	Street Address 1		Street Address 2				
Relationship:	One Gateway Cento	er, Suite 504					
Relationship:	City		State/Province/Country		ZIP/Postal Code		
Last Name First Name Middle Name Schneider Howard M. Street Address 1 Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship:			MA		02458		
Last Name First Name Middle Name Schneider Howard M. Street Address 1 Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship:							
Last Name Schneider	Relationship:	Execut	tive Officer	□ Director		Promoter	
Schneider	Clarification of Respon	se (if Necessar	y)				
Street Address 1 Street Address 2 One Gateway Center, Suite 504 City State/Province/Country IP/Postal Code Newton MA Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Pazoles City State/Province/Country J. Street Address 2 One Gateway Center, Suite 504 City State/Province/Country IP/Postal Code Newton MA Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Nyberg Elias Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA Middle Name Nyberg Elias Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA Relationship: Executive Officer Director Promoter	Last Name		First Name		Middle N	Middle Name	
City State/Province/Country ZIP/Postal Code Newton MA	Schneider		Howard		M.	M.	
City State/Province/Country ZIP/Postal Code Newton MA	Street Address 1			Street Address 2	}		
Newton	One Gateway Cente	er, Suite 504					
Relationship:	City		State/Province/	Country	ZIP/Post	tal Code	
Clarification of Response (if Necessary) Last Name First Name Middle Name Pazoles J. Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Nyberg Elias Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Taxana Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Executive Officer Director Promoter	Newton		MA		02458		
Clarification of Response (if Necessary) Last Name First Name Middle Name Pazoles J. Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Nyberg Elias Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Taxana Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Executive Officer Director Promoter							
Last Name First Name Middle Name	Relationship:	Execut	tive Officer	☑ Director		Promoter	
City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship:	Pazoles		1	Street Address 2	J.	Name	
City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship:		er Suite 504		Street Address 2			
Newton			State/Province/Country		ZIP/Post	tal Code	
Relationship:			The state of the s			02458	
Clarification of Response (if Necessary) Last Name First Name Middle Name Nyberg Elias Street Address 1 Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Executive Officer Director Promoter] [
Last Name First Name Middle Name Nyberg Elias Street Address 1 Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Executive Officer Director Promoter	Relationship:	Execut	tive Officer	☐ Director	Promoter		
Street Address 1 Street Address 2 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA 02458 Relationship: Executive Officer Director Promoter		se (if Necessar					
Street Address 1 One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton MA O2458 Relationship: Executive Officer Director Promoter					Middle Name		
One Gateway Center, Suite 504 City State/Province/Country ZIP/Postal Code Newton 02458 Relationship: Executive Officer Director Promoter			Elias				
City State/Province/Country ZIP/Postal Code Newton							
Newton MA 02458 Relationship: Executive Officer Director Promoter							
Relationship: Executive Officer Director Promoter				1			
	Newton		MA		02458		
Clarification of Response (if Necessary)	Relationship:	Execut	tive Officer	☐ Director		Promoter	
	Clarification of Respon	se (if Necessar	y)				
Last Name First Name Middle Name	Last Name					Name	

Schuhwerk	Kristin	C.
Street Address 1	Street Address 2	
One Gateway Center, Suite 504		
City	State/Province/Country	ZIP/Postal Code
Newton	MA	02458
Relationship: Executiv	e Officer Director	Promoter
Clarification of Response (if Necessary)	1	
1. Industry Group		
Agriculture	Health Care C Biotechnology	Retailing
Banking & Financial Services	C Biotechnology C Health Insurance	C Restaurants
C Commercial Banking	C Hospitals & Physicians	Technology
C Insurance	Pharmaceuticals	C Computers
C Investing	C Other Health Care	© Telecommunications
C Investment Banking		O Other Technology
Pooled Investment Fund		-
Other Banking & Financial C Services	C Manufacturing	Travel C Airlines & Airports
	Manufacturing Real Estate	C Lodging & Conventions
Business Services	C Commercial	C Tourism & Travel Services
Energy Coal Mining	Construction	O Other Travel
C Electric Utilities	C REITS & Finance	2000
C Energy Conservation	C Residential	O Other
C Environmental Services	Other Real Estate	
C Oil & Gas		
Other Energy		
5. Issuer Size		
evenue Range	Aggregate Net Ass	set Value Range
No Revenues	C No Aggre	egate Net Asset Value
\$1 - \$1,000,000	C \$1 - \$5,00	00,000
\$1,000,001 - \$5,000,000	C \$5,000,00	1 - \$25,000,000
\$5,000,001 - \$25,000,000	C \$25,000,0	01 - \$50,000,000
\$25,000,001 - \$100,000,000	C \$50,000,0	01 - \$100,000,000
Over \$100,000,000	C Over \$10	0,000,000
Decline to Disclose	C Decline to	o Disclose
Not Applicable	C Not Appli	
P.F.	(See Section 1)	
6. Federal Exemption(s)) and Exclusion(s) Cla	imed (select all that
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505	
Rule 504 (b)(1)(i)	Rule 506(b)	
Rule 504 (b)(1)(ii)	Rule 506(c)	
Rule 504 (b)(1)(iii)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Securities Act Section 4(a)((5)
"		

Investment Company Act Section 3(c)	
7 The of Filling	
7. Type of Filing	
New Notice Date of First Sale 2009-02-11 First Sale Yet to Occur	
Amendment	
O Demotion of Official	
8. Duration of Offering Does the Issuer intend this offering to last more than one year? C Yes No	
Does the Issuer intend this offering to last more than one year? Yes No	
	_
9. Type(s) of Securities Offered (select all that apply) — Pooled Investment Fund	
Interests Equity	
☐ Tenant-in-Common Securities ☐ Debt ☐ Mineral Property Securities ☐ Option, Warrant or Other Right to	
Security to be Acquired Upon	
Exercise of Option, Warrant or Other (describe) Other Right to Acquire Security	
10. Business Combination Transaction	
Is this offering being made in connection with a business combination C Yes No	
transaction, such as a merger, acquisition or exchange offer? Clarification of Response (if Necessary)	
	_
11. Minimum Investment	
Minimum investment accepted from any outside investor USD	
12. Sales Compensation	
Recipient Recipient CRD Number None	
Ferghana Partners, LP	
(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD None	
Ferghana Securities, Inc.	
Street Address 1 Street Address 2	
420 Lexington Avenue Suite 2626	
City State/Province/Country ZIP/Postal Code New York NY 10170	\neg
State(s) of Solicitation All States Foreign/Non-US	_
CT	

Total Offering Amount \$ 32250000 USD Indefinite
Total Amount Sold \$ 32250000 USD
Total Remaining to be
Sold USD Indefinite
Clarification of Response (if Necessary)
Includes (a) shares of Series E preferred stock (and warrants) issued to a single investor for \$10,000,000 and (b) stated value of shares of Series E preferred stock in exchange for all of the outstanding shares of Series D preferred stock.
14. Investors
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering
Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:
15. Sales Commissions & Finders' Fees Expenses
Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$ 0 USD Estimate
Finders' Fees \$ 700000 USD Estimate
Clarification of Response (if Necessary)
16. Use of Proceeds
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount. \$ 0 USD
Signature and Submission
Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

13. Offering and Sales Amounts

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
 described and undertaking to furnish them, upon written request, the information furnished to
 offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the

jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not
disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule
506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

All Issuers	Signature	Name of Signer	Title	Date
Novelos Therapeutics, Inc.	/s/ Joanne M. Protano	Joanne M. Protano	Chief Financial Officer	2009-02-25