



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1683		2. Exact name of the Corporation AVENUE ASSOCIATES, INC.			
3. Principal office address 208 BELLEVUE AVENUE		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401-849-1800		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE					
President Name NANCY LEDGARD QUINN			Vice-President Name RICHARD A. PETERS		
Street Address 208 BELLEVUE AVENUE			Street Address 28 CHAMPLIN STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name NANCY LEDGARD QUINN			Treasurer Name RICHARD A. PETERS		
Street Address 208 BELLEVUE AVENUE			Street Address 28 CHAMPLIN STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative

Date

TURNER C. SCOTT

Print or Type Name of Authorized Representative