



**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. <b>1683</b>		2. Exact name of the Corporation <b>AVENUE ASSOCIATES, INC.</b>					
3. Principal office address <b>208 BELLEVUE AVENUE</b>				City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	
4. Business Phone No. <b>401-849-1800</b>			5. State of Incorporation <b>RHODE ISLAND</b>				
6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>							
President Name <b>NANCY LEDGARD QUINN</b>			Vice-President Name <b>RICHARD A. PETERS</b>				
Street Address <b>208 BELLEVUE AVENUE</b>			Street Address <b>28 CHAMPLIN STREET</b>				
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>		
Secretary Name <b>NANCY LEDGARD QUINN</b>			Treasurer Name <b>RICHARD A. PETERS</b>				
Street Address <b>208 BELLEVUE AVENUE</b>			Street Address <b>28 CHAMPLIN STREET</b>				
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>		
Director Name <b>NONE</b>			Director Name <b>NONE</b>				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name <b>NONE</b>			Director Name <b>NONE</b>				
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		

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 CORPORATIONS DIV  
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*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.

**FILED** 1203

MAR 05 2012

Signature of Authorized Representative

Date

**TURNER C. SCOTT**

Print or Type Name of Authorized Representative

BY 165501

2/29/12