



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>151543</b>		2. Exact name of the Corporation <b>Gray &amp; Pape, Inc.</b>			
3. Principal office address <b>1318 Main Street</b>		City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45202</b>	
4. Business Phone No. <b>(513) 287-7700</b>		5. State of Incorporation <b>Ohio</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Heritage Management Services</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>W. Kevin Pape</b>		Vice-President Name <b>Jerilyn Miller</b>			
Street Address <b>1318 Main Street</b>		Street Address <b>1318 Main Street</b>			
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45202</b>	City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45202</b>
Secretary Name <b>W. Kevin Pape</b>		Treasurer Name			
Street Address <b>1318 Main Street</b>		Street Address			
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45202</b>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>W. Kevin Pape</b>		Director Name			
Street Address <b>1318 Main Street</b>		Street Address			
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45202</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			0	Common	No Par Value

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 SECRETARY OF STATE  
 DIVISION OF BUSINESS SERVICES

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**

JUN 23 2016

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.

*Christopher J. Gino*

Signature of Authorized Representative

*6/6/16*  
Date

FOR SECRETARY OF STATE USE ONLY

BY *CM 277359*

**Christopher J. Gino**

Print or Type Name of Authorized Representative

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