



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 2007

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

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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BY 277359
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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

Christopher J. Gino

Print or Type Name of Authorized Representative