



**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. <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>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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

2016 JUN 23 AM 9:06  
 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 23 2016

BY 277359  
9:07

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

**Christopher J. Gino**

Print or Type Name of Authorized Representative