



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

**REPORT DUE BY April 1, 2014**

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/27/2014  
Business ID: 12447  
William M. Gardner  
Secretary of State

HEALD PROPERTIES, INC.

63 Elm St  
Milford, NH 03055

**ADDRESS OF PRINCIPAL OFFICE:**

63 ELM ST  
MILFORD, NH 03055

**REGISTERED AGENT AND OFFICE:**

GRETCHEN BROOKS  
63 ELM ST  
MILFORD, NH 03055

ENTITY TYPE: CORPORATION

BUSINESS ID: 12447

STATE OF DOMICILE: NEW HAMPSHIRE

FUNERAL SERVICES (1997 AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address \_\_\_\_\_

The new principal office address \_\_\_\_\_

PO Box is acceptable.

**OFFICERS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Gretchen Brooks  
STREET 63 Elm Street  
CITY/STATE/ZIP Milford, NH 03055

NAME Deborah Quinlan  
STREET 63 Elm Street  
CITY/STATE/ZIP Milford, NH 03055

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

**BOARD OF DIRECTORS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Gretchen Brooks  
STREET 63 Elm Street  
CITY/STATE/ZIP Milford, NH 03055

NAME Deborah Quinlan  
STREET 63 Elm Street  
CITY/STATE/ZIP Milford, NH 03055

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: *Gretchen Brooks*

Please print name and title of signer: Gretchen Brooks / Vice President  
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

State of New Hampshire  
Fee - Form 47 - (Corporations) 1 Page(s)



T1409755037

WHEN THIS FORM IS  
PUBLIC DOCUMENT  
REQUIRED INFORMATI

LL BECOME A  
C DISCLOSURE  
WILL BE REJECTED

RETURN COMPLETED REPORT AND PAYMENT TO:  
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301