



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3640

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|---|--------------|--|---|---------------------|--------------|
| 1. Corporate ID No. 82986 | | 2. Name of Corporation LOCKE CAPITAL MANAGEMENT, INC. | | | |
| 3. Street Address, Principal Business Office 25 Walnut Street | | | City Newport | State RI | Zip 02840 |
| 4. Business Phone No. 401-849-8540 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 5130 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island A GENERAL INVESTMENT AND MANAGEMENT ADVISORY BUSINESS RELATING TO INVESTMENTS, AND THE OPERATION OF BUSINESS PLANTS, PROPERTIES, REAL AND PERSONAL PROPERTY. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Leila C Jenkins | | | Vice President Name same as Pres. | | |
| Street Address 227 Australian Ave. | | | Street Address | | |
| City Palm Beach | State FL | Zip 33480 | City | State | Zip |
| Secretary Name same as Pres | | | Treasurer Name same as Pres | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Same as Pres. | | | Director Name none | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name none | | | Director Name none | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 NO PAR VALUE | Common | none | 10 | Common | none |
| | | | | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer LCJ Date 2/22/05
Print or Type Name of Officer Leila C. Jenkins
Title of Officer Pres.

File Date 2-25-05
Check No. 1309
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | |
|---|--------------------|---|--------------------|----------------------------|
| 1. Corporate ID No. 82986 | | 2. Name of Corporation LOCKE CAPITAL MANAGEMENT, INC. | | |
| 3. Street Address Principal Business Office 25 Walnut St. | | City Newport | State RI | Zip 02840 |
| 4. Business Phone No. 401 849 8540 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 6130 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island A GENERAL INVESTMENT AND MANAGEMENT ADVISORY BUSINESS RELATING TO INVESTMENTS AND THE OPERATION OF BUSINESS PLANTS, PROPERTIES, REAL AND PERSONAL PROPERTY. | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Leila Jenkins | | Vice President Name N/A | | |
| Street Address 25 Walnut St. | | Street Address | | |
| City Newport | State RI | Zip 02840 | City | State |
| Secretary Name Same as Pres. | | Treasurer Name Same as Pres. | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name N/A | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 200 NO PAR VALUE | | | 1 | Common |
| | | | | None |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 9 8 6 *

| | |
|---------------------------------|--------------------|
| File Date | 1-8-04 |
| Check No. | 1309 |
| By: | [Signature] |
| FOR SECRETARY OF STATE USE ONLY | |

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 Officer **[Signature]** Date **1/5/04**
Print or Type Name of Officer **Leila C. Jenkins**
Title of Officer **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **82986**
2. Name of Corporation **LOCKE CAPITAL MANAGEMENT, INC.**
3. Street Address Principal Business Office **25 Walnut St.**
4. Business Phone No. **401-849-8540**
5. State of Incorporation **RHODE ISLAND**

City **Newport** State **RI** Zip **02840**
6. SIC Code **6130**

7. Brief Description of the Character of Business Conducted in Rhode Island

investment management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Leila C Jenkins**

Vice President Name

Street Address **25 Walnut St**

Street Address

City **Newport** State **RI** Zip **02840**

City State Zip

Secretary Name **ll**

Treasurer Name **ll**

Street Address

Street Address

City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **ll**

Director Name

Street Address

Street Address **none**

City State Zip City State Zip

Director Name **none**

Director Name

Street Address

Street Address **none**

City State Zip City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

200 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

1 common none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 9 8 6 *

File Date: **1-16-03**

Check No.: **1300**

By: **UP**

FOR SECRETARY OF STATE USE ONLY

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 Officer **Leila C Jenkins** Date **1/13/03**

Print or Type Name of Officer **Leila C Jenkins**

Title of Officer **Pres.**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82986 2. Name of Corporation LOCKE CAPITAL MANAGEMENT, INC.

3. Street Address Principal Business Office

25 Walnut St.

City Newport

State RI

Zip 02840

4. Business Phone No.

401-849-8540

5. State of Incorporation

RHODE ISLAND

6. SIC Code
6130

7. Brief Description of the Character of Business Conducted in Rhode Island

Investment management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Leila C. Jenkins

Vice President Name

Street Address

25 Walnut St.

Street Address

City

Newport

State

RI

Zip

02840

City

State

Zip

Secretary Name

Same as Pres.

Treasurer Name

Same as Pres.

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Same as Pres.

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1

Common none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 9 8 6 *

File Date: 1-22-02

Check No.: 1288

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 Officer

[Signature]

1/16/02

Date

Print or Type Name of Officer

Leila C. Jenkins

Title of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82986** 2. Name of Corporation **LOCKE CAPITAL MANAGEMENT, INC.**
3. Street Address Principal Business Office **25 Walnut St.** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **401-849-8540** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8130**

7. Brief Description of the Character of Business Conducted in Rhode Island

investment management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|--|
| President Name Leila C. Jenkins | Vice President Name |
| Street Address 25 Walnut St. | Street Address |
| City Newport State RI Zip 02840 | City State Zip |
| Secretary Name Same as Pres | Treasurer Name same as Pres. |
| Street Address | Street Address |
| City State Zip | City State Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--------------------------------------|----------------|
| Director Name Same as Pres | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|-----------------------------|--------------|-----------|
| 200 SHS NO PAR VALUE | | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|--------------------|-----------|
| 1 | Common none | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 9 8 6 *

File Date: **1/9**

Check No.: **1281**

By: **LCJ**

FOR SECRETARY OF STATE USE ONLY

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 Officer **LCJ** Date **1/4/01**

Print or Type Name of Officer **Leila C. Jenkins**

Title of Officer **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82986** 2. Name of Corporation **LOCKE CAPITAL MANAGEMENT, INC.**
3. Street Address Principal Business Office **25 Walnut Street** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **401-849-8540** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6130**

7. Brief Description of the Character of Business Conducted in Rhode Island
institutional money management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Leila C. Jenkins | Vice President Name none |
| Street Address 227 Australian Ave. | Street Address |
| City Palm Beach State FL Zip 33480 | City State Zip |
| Secretary Name Same as Pres. | Treasurer Name Same as Pres. |
| Street Address | Street Address |
| City State Zip | City State Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---------------------------------------|------------------------------|
| Director Name Same as Pres. | Director Name none |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Director Name none | Director Name none |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200 SHS NO PAR VALUE Common

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1 Common none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 9 8 6 *

File Date: **PAID KB**
JAN 13 2000 230005
Check No.:
By: **SECY OF STATE**
FOR SECRETARY OF STATE USE ONLY

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 Officer **Leila C. Jenkins** Date **1/10/00**
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82986 2. Name of Corporation Locke Capital Management, Inc
3. Street Address Principal Business Office 92 Rhode Island Ave. City Newport State RI Zip 02840
4. Business Phone No. 401-849-5597 5. State of Incorporation Rhode Island 6. SIC Code 6130

7. Brief Description of the Character of Business Conducted in Rhode Island
Institutional money management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | |
|---|--|
| President Name <u>Leila C. Jenkins</u> | Vice President Name |
| Street Address <u>92 Rhode Island Ave.</u> | Street Address |
| City <u>Newport</u> State <u>RI</u> Zip <u>02840</u> | City State Zip |
| Secretary Name <u>Same as Pres.</u> | Treasurer Name <u>Same as Pres.</u> |
| Street Address | Street Address |
| City State Zip | City State Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | |
|---------------------------------------|----------------|
| Director Name <u>Same as Pres.</u> | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | |
|-------------------|---------------|-------------|
| Number of Shares | Class/Series | Par Value |
| <u>20</u> | <u>Common</u> | <u>None</u> |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | | |
|------------------|---------------|-------------|
| Number of Shares | Class/Series | Par Value |
| <u>1</u> | <u>Common</u> | <u>None</u> |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: PAID
Check No.: MAR 18 1999
By: SECY OF STATE
FOR SECRETARY OF STATE USE ONLY

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 Officer LCJ Date 3/16/99
Print or Type Name of Officer Leila C. Jenkins
Title of Officer President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **82986** 2. Name of Corporation **LOCKE CAPITAL MANAGEMENT, INC.**

3. Street Address Principal Business Office
25 Walnut Street City **Newport** State **RI** Zip **02840**
4. Business Phone No. **401-849-5597** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8130**

7. Brief Description of the Character of Business Conducted in Rhode Island
institutional money management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **Leila C. Jenkins** Vice President Name **same as Pres.**
Street Address **25 Walnut Street** Street Address
City **Newport** State **RI** Zip **02840** City State Zip

Secretary Name **same as Pres.** Treasurer Name **same as Pres.**
Street Address Street Address
City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **same as Pres.** Director Name
Street Address Street Address
City State Zip City State Zip
Director Name Director Name
Street Address Street Address
City State Zip City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|---------------------|-----------|
| 200 SHS | NO PAR VALUE | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|---------------|-------------|
| 1 | COMMON | none |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2/2/98**
Check No.:
By: **Leila C. Jenkins**
FOR SECRETARY OF STATE USE ONLY

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 Officer **Leila C. Jenkins** Date **1/30/98**
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82986 2. Name of Corporation Locke Capital Management, Inc.
3. Street Address Principal Business Office 25 Walnut Street City Newport State RI Zip 02840
4. Business Phone No. 401-849-5597 5. State of Incorporation RI 6. SIC Code 6130

7. Brief Description of the Character of Business Conducted in Rhode Island

institutional money management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | |
|--|--|
| President Name Leila C. Jenkins Street Address 25 Walnut Street City Newport State RI Zip 02840 Secretary Name same as President Street Address City State Zip | Vice President Name same as President Street Address City Newport State RI Zip 02840 Treasurer Name same as President Street Address City State Zip |
|--|--|

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | |
|---|---|
| Director Name same as President Street Address City Newport State RI Zip 02840 | Director Name same as President Street Address City Newport State RI Zip 02840 |
|---|---|

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 | Common | none | 1 | common | none |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 8.7.97
Check No.: 1766
By: ICP

FOR SECRETARY OF STATE USE ONLY

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 Officer: Leila C. Jenkins Date: 6/23/97
Print or Type Name of Officer: Leila C. Jenkins
Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.

82986

2. NAME OF CORPORATION

LOCKE CAPITAL MANAGEMENT, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

25 Walnut St.

CITY

Newport

STATE

RI

ZIP CODE

02840

4. BUSINESS PHONE NO

401 849 5597

5. STATE OF INCORPORATION

RHODE ISLAND

6. SIC CODE

6130

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

investment advisor

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

Leila C. Jenkins

VICE PRESIDENT NAME

STREET ADDRESS

25 Walnut St

STREET ADDRESS

CITY

Newport

STATE

RI

ZIP CODE

02840

CITY

STATE

ZIP CODE

SECRETARY NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

STREET ADDRESS

CITY

STATE

ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

N/A

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|----------------|-----------|------------------|----------------|-----------|
| NUMBER OF SHARES | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 200 SHS | NO PAR VALUE | | | | |

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

1/1/96

Check No:

2776

By:

cc: tep

For Secretary of State Use Only

Signature of Officer

Leila C. Jenkins

Print or Type Name of Officer

President

12/20/95