



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2025
Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JAN 31 2025
BY 1030 *el*

1. Entity ID Number 001761281		2. Exact name of the Corporation FRONTIER RETIREMENT , INC.			
3. Principal Office Address 3 PONAGANSETT ROAD			City FOSTER	State RI	Zip 02825
4. NAICS Code 523940		6. Brief description of the character of business conducted in Rhode Island INVESTMENT, FINANCIAL ADVICE SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD C. SCOTT			Vice-President Name DAVID A. KUTCHER		
Street Address 3 PONAGANSETT ROAD			Street Address 3251 S. SKY RANCH LOOP		
City FOSTER	State RI	Zip 02825	City PALMER	State AK	Zip 99645
Secretary Name RICHARD C. SCOTT			Treasurer Name RICHARD C. SCOTT		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD C. SCOTT			Director Name DAVID A. KUTCHER		
Street Address 3 PONAGANSETT ROAD			Street Address 3251 S. SKY RANCH LOOP		
City FOSTER	State RI	Zip 02825	City PALMER	State AK	Zip 99645
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		CNP	
11. 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. 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.					
Name of Authorized Representative RICHARD C. SCOTT, PRESIDENT				Date 1/27/2025	
Signature of Authorized Representative <i>Richard C. Scott</i>					

MAIL TO:
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Website: www.sos.ri.gov