State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

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BUS SVCS DIV
2025 AUG -5 A 10:39

1. Entity ID Number	2. Exact name of the Corporation		
790533	Frank Locker Inc		
3. Principal Office Address	City	State	Zip
101 Covington Ln	Shelburne	VT	05482
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
611710	Educational Planning consulting		
5. State of Incorporation			
Massachusetts			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Franciszka Locker	101 Covington Ln	Shelburne	VT	05482

Vice-President Name	Street Address	City	State	Zip
Denise Whittier	101 Covington Ln	Shelburne	VT	05482

Secretary Name	Street Address	City	State	Zip
Denise Whittier	101 Covington Ln	Shelburne	VT	05482

Treasurer Name	Street Address	City	State	Zip
Franciszka Locker	101 Covington Ln	Shelburne	VT	05482

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Franciszka Locker	101 Covington Ln	Shelburne	VT	05482

Director Name	Street Address	City	State	Zip
Denise Whittier	101 Covington Ln	Shelburne	VT	05482

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	15,000	CNP	$0.0000
Changes require an additional filing.			

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		Date
Franciszka Locker	FILED	1 August 2025
Signature of Authorized Representative	AUG 05 2025	

BY 01CP55

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised. 12/2023