State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50 00
→ Penalty. Additional $25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2025 AUG -5 A 10: 20

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	Vice-President Name
Franciszka Locker	Denise Whittier
Street Address: 101 Covington Ln	Street Address: 101 Covington Ln
City: Shelburne, State: VT, Zip: 05482	City: Shelburne, State: VT, Zip: 05482
Secretary Name: Denise Whittier	Treasurer Name: Franciszka Locker
Street Address: 101 Covington Ln	Street Address: 101 Covington Ln
City: Shelburne, State: VT, Zip: 05482	City: Shelburne, State: VT, Zip: 05482

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

Director Name	Director Name
Franciszka Locker	Denise Whittier
Street Address: 101 Covington Ln	Street Address: 101 Covington Ln
City: Shelburne, State: VT, Zip: 05482	City: Shelburne, State: VT, Zip: 05482
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
15,000	CNP	$0.0000

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. FILED

Name of Authorized Representative	Date
Franciszka Locker	1 August 2025

Signature of Authorized Representative

AUG 05 2025
BY 61CP55
1030 KJ

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