



State of Rhode Island
Department of State - Business Services Division

377-1111

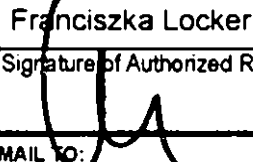
Annual Report for the year: 2023

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 790533		2. Exact name of the Corporation Frank Locker Inc	
3. Principal Office Address 101 Covington Ln		City Shelburne	State VT
4. NAICS Code 611710		6. Brief description of the character of business conducted in Rhode Island Educational Planning consulting	
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Franciszka Locker		Vice-President Name Denise Whittier	
Street Address 101 Covington Ln		Street Address 101 Covington Ln	
City Shelburne	State VT	City Shelburne	State VT
Zip 05482		Zip 05482	
Secretary Name Denise Whittier		Treasurer Name Franciszka Locker	
Street Address 101 Covington Ln		Street Address 101 Covington Ln	
City Shelburne	State VT	City Shelburne	State VT
Zip 05482		Zip 05482	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Franciszka Locker		Director Name Denise Whittier	
Street Address 101 Covington Ln		Street Address 101 Covington Ln	
City Shelburne	State VT	City Shelburne	State VT
Zip 05482		Zip 05482	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued		Check the box to indicate an attachment ☐	
NUMBER OF SHARES		CLASS/SERIES	
15,000		CNP	
		PAR VALUE	
		\$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 Franciszka Locker			Date 1 August 2025
Signature of Authorized Representative 			

AUG 05 2025

BY

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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