



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2019

Corporation

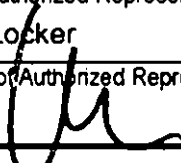
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 AUG -5 A 10:19

1. Entity ID Number 790533		2. Exact name of the Corporation Frank Locker Inc			
3. Principal Office Address 306c Dover Point Rd		City Dover		State NH	Zip 03820
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 Frank Locker			Vice-President Name Denise Whittier		
Street Address 306c Dover Point Rd			Street Address 306c Dover Point Rd		
City Dover	State NH	Zip 03820	City Dover	State NH	Zip 03820
Secretary Name Denise Whittier			Treasurer Name Frank Locker		
Street Address 306c Dover Point Rd			Street Address 306c Dover Point Rd		
City Dover	State NH	Zip 03820	City Dover	State NH	Zip 03820
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Frank Locker			Director Name Denise Whittier		
Street Address 306c Dover Point Rd			Street Address 306c Dover Point Rd		
City Dover	State NH	Zip 03820	City Dover	State NH	Zip 03820
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 15,000	CLASS/SERIES 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.					
Name of Authorized Representative Frank Locker				Date 1 August 2025	
Signature of Authorized Representative 				BY 61K P55 1026 105	

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