



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

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 10:19

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	City Dover	State NH
Zip 03820		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	City Dover	State NH
Zip 03820		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	City Dover	State NH
Zip 03820		Zip 03820	
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.			
Name of Authorized Representative Frank Locker			Date 1 August 2025
Signature of Authorized Representative 			BY 6KP55

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