



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2016

Corporation

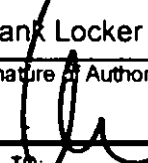
→ Filing period: February 1 - May 1

→ 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	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.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES
		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. FILED			
Name of Authorized Representative Frank Locker			Date 1 August 2025
Signature of Authorized Representative 			AUG 05 2025 60KPS5

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov