State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2015
Corporation

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BUS SVCS DIV
2025 AUG -5 A 10:10

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
790533	Frank Locker Inc			
3. Principal Office Address		City	State	Zip
306c Dover Point Rd		Dover	NH	03820
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	Street Address	City	State	Zip
Frank Locker	306c Dover Point Rd	Dover	NH	03820

Vice-President Name	Street Address	City	State	Zip
Denise Whittier	306c Dover Point Rd	Dover	NH	03820

Secretary Name	Street Address	City	State	Zip
Denise Whittier	306c Dover Point Rd	Dover	NH	03820

Treasurer Name	Street Address	City	State	Zip
Frank Locker	306c Dover Point Rd	Dover	NH	03820

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

Director Name	Street Address	City	State	Zip
Frank Locker	306c Dover Point Rd	Dover	NH	03820

Director Name	Street Address	City	State	Zip
Denise Whittier	306c Dover Point Rd	Dover	NH	03820

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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
Frank Locker	1 August 2025

Signature of Authorized Representative

AUG 05 2025
BY 61CP55
1022 KS

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