RI SOS Filing Number: 202577482900 Date: 8/5/2025 10:21:00 AM

**State of Rhode Island**
**Department of State - Business Services Division**

**Annual Report for the year:** 2014
**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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| 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 | Vice-President Name |
|---|---|
| Frank Locker | 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 | Director Name |
|---|---|
| Frank Locker | 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 | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| This information is currently of record in the Department of State. Changes require an additional filing. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | 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.***

| Name of Authorized Representative | Date |
|---|---|
| Frank Locker | 1 August 2025 |
| Signature of Authorized Representative | AUG 05 2025 BY 61CP53 1021 KB |

**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