

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005286

**Entity Name:** LOCUS ROBOTICS CORP.

**Current Principal Place of Business:**

301 BALLARDVALE STREET  
WILMINGTON, MA 01887

**Current Mailing Address:**

301 BALLARDVALE STREET  
WILMINGTON, MA 01887 US

**FEI Number:** 47-4122470

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOHNSON, MICHAEL  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

Title            CEO  
Name            FAULK, RICK H.  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

Title            TREASURER  
Name            PEDERSON, DUSTIN  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

Title            SECRETARY  
Name            GRIFFIN, J. LAWRENCE JR.  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

Title            DIRECTOR  
Name            FAULK, RICK H.  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

Title            DIRECTOR  
Name            GAFFNEY, CHRISTOPHER  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

Title            DIRECTOR  
Name            HAYES, JOHN  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

Title            DIRECTOR  
Name            JOHNSON, MICHAEL  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DUSTIN PEDERSON

**TREASURER**

**04/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BARASZ, ZACH  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887

Title           DIRECTOR  
Name           O'DRISCOLL, RORY  
Address        301 BALLARDVALE STREET  
City-State-Zip: WILMINGTON MA 01887