



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 237625		2. Name of Corporation PODS Swimming, Inc.			
3. Street Address Principal Business Office 91 Friendship Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-965-0813		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Swimming Instructions					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan L. Pascale-Frechette			Vice President Name Susan L. Pascale-Frechette		
Street Address 238 County Street			Street Address 238 County Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Susan L. Pascale-Frechette			Treasurer Name Susan L. Pascale-Frechette		
Street Address 238 County Street			Street Address 238 County Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 200 no par common			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	common	none

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 CORPORATIONS DIVISION
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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.

FILED 11.53

FEB 10 2012

File Date _____ BY 163265

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature Susan L. Pascale-Frechette Date 12/27/11

Susan L. Pascale-Frechette
Print or Type Name
President
Title