



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 237625		2. Exact name of the Corporation PODS Swimming, Inc.			
3. Principal Office Address 4 Laurel Lane		City Barrington		State RI	Zip 02806
4. NAICS Code 61 - Educational Services	6. Brief description of the character of business conducted in Rhode Island Swimming instruction				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Pascale-Frechette			Vice-President Name Susan Pascale-Frechette		
Street Address 4 Laurel Lane			Street Address 4 Laurel Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Susan Pascale-Frechette			Treasurer Name Susan Pascale-Frechette		
Street Address 4 Laurel Lane			Street Address 4 Laurel Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		0.01	
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 Susan Pascale-Frechette					Date 1/11/17
Signature of Authorized Representative 					FILED JAN 17 2017 BY 14165

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov