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State of Rhode Island and Providence Plantations
Department of State -- Business Services Division

FILED
JAN 20 2021
BY 3125

Annual Report for the year: 2021
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	2. Exact name of the Corporation
237625	PODS Swimming, Inc.

3. Principal Office Address	City	State	Zip
4 Laurel Lane	Barrington	RI	02806

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
611620	Swimming instruction
5. State of Incorporation: Rhode Island	

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

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Susan Pascale-Frechette	1/14/21
Signature of Authorized Representative: SIGN DOCUMENT HERE	

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: 10/2016