



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDGSD
24 MAR 4 PM 2:49:30

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 611625		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- Fechette		
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 2/21/24
Signature of Authorized Representative					
FILED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 11/2021