



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 04 2025

BY

1. Entity ID Number <u>01337293</u>		2. Exact name of the Limited Liability Company PODS SWIM, LLC	
3. NAICS Code 611620		4. Brief description of the character of business conducted in Rhode Island Swimming instructions	
5. State of Formation RI			
6. Principal Office Address 111 Commercial Way		City East Providence	State RI
		Zip 02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Beacon Mutual		Contact Title	
Street Address 1 Beacon Center #100		City Warwick	State RI
		Zip 02886	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person Susan L. Pascale-Frechette		Date 2/25/25	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
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