



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 2008

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. 122461		2. Name of Corporation Factor Irrigation, Inc.			
3. Street Address Principal Business Office 108 Pond Street			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-828-1116		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island FOR THE BUYING, SELLING AND INSTALLATION, MAINTENANCE AND REPAIR OF IRRIGATION SYSTEMS FOR COMMERCIAL AND RESIDENTIAL PROPERTIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles Factor			Vice President Name Wanda Factor		
Street Address 108 Pond Street			Street Address 108 Pond Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Charles Factor			Treasurer Name Wanda Factor		
Street Address 108 Pond Street			Street Address 108 Pond Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles Factor			Director Name Wanda Factor		
Street Address 108 Pond Street			Street Address 108 Pond Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200	Common	No Par

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.

File Date	FILED
Check No.	APR 04 2008
By:	<i>DS 6/92</i>
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
Charles Factor

Print or Type Name
President

Title

Date
3-25-08