



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 122462		2. Name of Corporation Advanced Irrigation Systems, Inc.			
3. Street Address Principal Business Office 201 Legris Avenue			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-821-3765		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. 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.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary T. Pancarowicz			Vice President Name Lyne Pancarowicz		
Street Address 201 Legris Avenue			Street Address 201 Legris Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Lyne Pancarowicz			Treasurer Name Gary T. Pancarowicz		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary T. Pancarowicz			Director Name Lyne Pancarowicz		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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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 of Officer
Date
Gary T. Pancarowicz
Print or Type Name of Officer
President
Title of Officer

FILED
File Date
Check No. FEB 07 2011
By 7461
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