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.	2. Name of Corporation			
122462	Advanced Irrigation Systems, Inc.			
3. Street Address Principal Business Office		City	State	Zip
201 Legris Avenue		West Warwick	RI	02893
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-821-3765	RHODE ISLAND			

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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Gary T. Pancarowicz			Lyne Pancarowicz		
Street Address			Street Address		
201 Legris Avenue			201 Legris Avenue		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893
Secretary Name			Treasurer Name		
Lyne Pancarowicz			Gary T. Pancarowicz		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Gary T. Pancarowicz			Lyne Pancarowicz		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

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*

[redacted] 1 2 2 4 6 2 [redacted]

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

[redacted] President
Title of Officer

File Date FILED
Check No. FEB 0 7 2011
By BY 7461
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01