



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 15 2020

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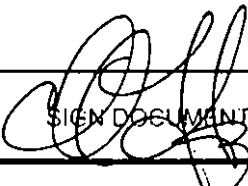
BY

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000122461		2. Exact name of the Corporation FACTOR IRRIGATION, INC.			
3. Principal Office Address 108 Pond Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 238990		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.			
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 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 SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHARLES FACTOR			Director Name WANDA FACTOR		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE NONE
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 CHARLES FACTOR, PRESIDENT				Date 1-7-2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	