



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- 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 19 2024
 BY 5904

1. Entity ID Number 000122462		2. Exact name of the Corporation Advanced Irrigation Systems, Inc.			
3. Principal Office Address P.O. BOX 827			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 Gary T. Pancarowicz			Vice-President Name Lyne Pancarowicz		
Street Address P.O. Box 827			Street Address P.O. Box 827		
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			Street Address		
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 Gary T. Pancarowicz			Director Name Lyne Pancarowicz		
Street Address P.O. Box 827			Street Address P.O. Box 827		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 GARY T. PANCAROWICZ				Date 2-21-24	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov