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BY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000122462	Advanced Irrigation Systems, Inc.			
3. Principal Office Address		City	State	Zip
P.O. BOX 827		West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238990	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 ☐

President Name	Street Address	City	State	Zip
Gary T. Pancarowicz	P.O. Box 827	West Warwick	RI	02893

Vice-President Name	Street Address	City	State	Zip
Lyne Pancarowicz	P.O. Box 827	West Warwick	RI	02893

Secretary Name	Street Address	City	State	Zip
Lyne Pancarowicz				

Treasurer Name	Street Address	City	State	Zip
Gary T. Pancarowicz				

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Gary T. Pancarowicz	P.O. Box 827	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
Lyne Pancarowicz	P.O. Box 827	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	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	Date
GARY T. PANCAROWICZ	2/14/2025

Signature of Authorized Representative

Gary Pancarowicz

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021