



State of Rhode Island

## Department of State - Business Services Division

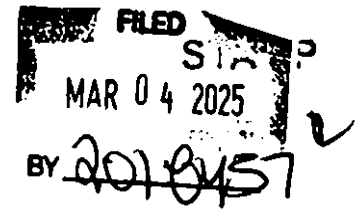
Annual Report for the year: 2025

## 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 000122461		2. Exact name of the Corporation FACTOR IRRIGATION, INC.			
3. Principal Office Address 134 HOWARD AVENUE			City COVENTRY	State RI	Zip 02816
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name CHARLES FACTOR			Vice-President Name WANDA FACTOR		
Street Address 134 HOWARD AVENUE			Street Address 134 HOWARD AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name CHARLES FACTOR			Treasurer Name WANDA FACTOR		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name CHARLES FACTOR			Director Name WANDA FACTOR		
Street Address 134 HOWARD AVENUE			Street Address 134 HOWARD AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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. <b>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.</b>					
Name of Authorized Representative CHARLES FACTOR, PRESIDENT					Date 2-21-25
Signature of Authorized Representative					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov