



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2021 FEB 10 PM 2:42  
 R.I. DEPT. OF STATE  
 BUS. SERVICES DIV.

1. Entity ID Number 000786352		2. Exact name of the Corporation Hawaiian Jim's Shave Ice & Co. II			
3. Principal Office Address 144 Greystone Ter			City Portsmouth	State RI	Zip 02871
4. NAICS Code 722330		6. Brief description of the character of business conducted in Rhode Island To conduct sale of frozen dessert			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Scott C. Naso			Vice-President Name Michael T. Morgan		
Street Address 144 Greystone Ter			Street Address 222 Plum Beach Rd		
City Portsmouth	State RI	Zip 02871	City Saunderstown	State RI	Zip 02874
Secretary Name Scott C. Naso			Treasurer Name Michael T. Morgan		
Street Address 144 Greystone Ter			Street Address 222 Plum Beach Rd		
City Portsmouth	State RI	Zip 02871	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES      CLASS/SERIES      PAR VALUE		
			1,000      None      No Par Value		
			None      None      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 Scott C. Naso				Date 02/03/2021	
Signature of Authorized Representative					

**FILED**

FEB 10 2021

BY *Chace* *QCEEX*  
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