



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.

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R.I. DEPT. OF STATE
BUS SERVICES DIV

2021 MAR 05 P 2:06

1. Entity ID Number 14289		2. Exact name of the Corporation DAVID VAUGHN INCORPORATED			
3. Principal Office Address d/b/a Cosmic Steak & Pizza & Wieners, 1141 Post Road			City Warwick	State RI	Zip 02888
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To own, conduct, operate, maintain and carry on the business of a Restaurant.			
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 David Ohanesian			Vice-President Name		
Street Address 1141 Post Road			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name David Ohanesian			Treasurer Name David Ohanesian		
Street Address 1141 Post Road			Street Address 1141 Post Road		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Ohanesian			Director Name		
Street Address 1141 Post Road			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
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"/>		
			CLASS/SERIES PAR VALUE		
			NUMBER OF SHARES		
			100		Common No Par Value
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 DAVID OHANESIAN, President					Date 3/3/2021
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

FILED

MAR 05 2021

FORM 630 - Revised 08/2020

BY CA 24428
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