



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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BUS. SVCS. DIV.

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| | | | | | |
|---|----------|--|--------------------------------|--------------|--|
| 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 | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 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

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