



State of Rhode Island  
Department of State - Business Services Division

**STAMP**

SECRETARY OF STATE  
USE ONLY

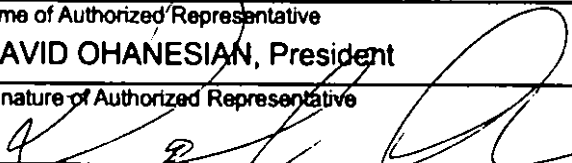
Annual Report for the year: **2024**

**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 <b>14289</b>		2. Exact name of the Corporation <b>DAVID VAUGHN INCORPORATED</b>	
3. Principal Office Address <b>d/b/a Cosmic Steak&amp;Pizza&amp;Wieners, 1141 Post Rd</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02888</b>	
4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>To own, conduct, operate, maintain and carry on the business of a Restaurant.</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>David Ohanesian</b>		Vice-President Name	
Street Address <b>1141 Post Road</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
Secretary Name <b>David Ohanesian</b>		Treasurer Name <b>David Ohanesian</b>	
Street Address <b>1141 Post Road</b>		Street Address <b>1141 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>David Ohanesian</b>		Director Name	
Street Address <b>1141 Post Road</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>No Par Value</b>	
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 <b>DAVID OHANESIAN, President</b>		Date <b>03/11/2024</b>	
Signature of Authorized Representative 			

FILED

**MAIL TO:**

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

MAY 16 2024

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FORM 630- Revised: 12/2023