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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	2. Exact name of the Corporation
14289	DAVID VAUGHN INCORPORATED

3. Principal Office Address	City	State	Zip
d/b/a Cosmic Steak&Pizza&Wieners, 1141 Post Rd	Warwick	RI	02888

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	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 ☐

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 ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
DAVID OHANESIAN, President	04/15/2025
Signature of Authorized Representative	FILED

JUN 05 2025

BY NDY67

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

FORM 630 Revised 12/2023