



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.

REC'D RIDOS BSD
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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 Rd		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 ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		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. <i>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.</i>					
Name of Authorized Representative DAVID OHANESIAN, President				Date 04/15/2025	
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

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