State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2025 APR 16 P 12:21

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		
001729660	Bouk Cash for Junk Cars, Inc.		
3. Principal Office Address	City	State	Zip
21 Traffard Park Drive	Coventry	RI	02816
4. NAICS Code: 484110	6. Brief description of the character of business conducted in Rhode Island: Motor vehicle recycling /transportation to the junkyard.		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Jessie Boukarim	21 Traffard Park Drive	Coventry	RI	02816

Vice-President Name	Street Address	City	State	Zip
Jonathan Boukarim	21 Traffard Park Drive	Coventry	RI	02816

Secretary Name	Street Address	City	State	Zip
Jessie Boukarim	21 Traffard Park Drive	Coventry	RI	02816

Treasurer Name	Street Address	City	State	Zip
Jonathan Boukarim	21 Traffard Park Drive	Coventry	RI	02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Jonathan Boukarim	21 Traffard Park Drive	Coventry	RI	02816

Director Name	Street Address	City	State	Zip
Jessie Boukarim	21 Traffard Park Drive	Coventry	RI	02816

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	CNP	.01 Per Share

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: Jessie Boukarim
Date: April 08, 2025
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
APR 16 2025
BY

FORM 630 - Revised: 11/2021