

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Wednesday, January 28, 2015 6:47 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2015 Annual Report - WMATC No: 545, Carrier Name: A La Carte, Inc.

Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 545

Name of Carrier (as shown on certificate of authority): A La Carte, Inc.

Trade Name:

Principal Place of Business

Street Address: 13800 COPPERMINE RD

Apt./Suite:

City: HERNDON

State: VA

Zip: 20171

Mailing Address (if different from street address)

Street: P.O.BOX 16293

Apt./Suite:

City: WASHINGTON

State: DC

Zip: 20041

Telephone Number: (703)242-8833

Other Telephone:

Fax Number: (703)478-0821

E-mail: RGHANNAM@ALACARTELIMO.COM

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.:

DCTC No.:

Virginia DMV passenger carrier No.: 156

Maryland PSC No.:

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Name: RIFAT ABUGHANNAM

Title: OWNER

Telephone Number: (571)437-5256

Other Telephone:

Fax Number: (703)478-0821

E-mail: RGHANNAM@VERIZON.NET

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process:

Agent Address:

Apt./Suite:

City:

State:

Zip:

Telephone Number:

E-mail:

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

545 101 2006 1GBG5V1226F410368 H516959 VA 30 No
545 102 2008 1HVBTAAN48H677947 H520616 VA 39 No
545 103 2010 1FDWE3FL2ADA05933 447HAB VA 14 No
545 108 2011 WDZPE8CC0B5584755 445HAD VA 14 No

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
101	2006	CHEVY	1GBG5V1226F410368	P153071	VA	30	No
102	2008	HARVEST INTL	1HVBTAAN48H677947	P160102	VA	39	No
103	2010	FORD	1FDWE3FL2ADA05933	447HAB	VA	14	No
105	2012	FORD	3FRNF6FC2CV321996	P153072	VA	40	No
108	2011	MERC. BENZ	WDZPE8CC0B5584755	445HAB	VA	40	No

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: RIFAT ABUGHANNAM

Title: OWNER

Date: 01/28/2015