

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Thursday, January 28, 2016 12:49 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2016 Annual Report - WMATC No: 1719, Carrier Name: Rendez-Vous Limousine LLC

Washington Metropolitan Area Transit Commission 2016 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a \$175 annual fee on or before **February 1, 2016**. 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 \$175 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, 2016.
- 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.: 1719

Name of Carrier (as shown on certificate of authority): Rendez-Vous Limousine LLC

Trade Name: R.D.V. Limousine

Principal Place of Business

Street Address: 1775 I St, NW

Apt./Suite: 1001

City: Washington

State: DC

Zip: 20005

Mailing Address (if different from street address)

Street: 9103 Briarwood Farms Ct

Apt./Suite:

City: Fairfax

State: VA

Zip: 22031

Telephone Number: (202)528-5233
Other Telephone: (703)347-6667
Fax Number: (703)280-1580
E-mail: info@rdvlimo.com

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

USDOT No.:
DCTC No.:
Virginia DMV passenger carrier No.:
Maryland PSC No.:

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

Name: ADIL MALIHI
Title: PRESIDENT
Telephone Number: (202)528-5233
Other Telephone:
Fax Number: (703)280-1580
E-mail: eddie@rdvlimo.com

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.

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
001	2013	Lincoln	2LMHJ5NK1DBL55495	435HAD	VA	5	No
002	2012	GMC	1GKS2KE74CR161699	H523071	VA	7	No
003	2015	Mercedes	WDDUG8FB6FA097086	L5813	DC	5	No
004	2015	Mercedes	WDDUG8FB2FA202027	L6262	DC	5	No
005	2015	BMW	WBA YE4C59FD947345	L5820	DC	5	No
006	2015	BMW	WBA YF4C54FGS99022	L6228	DC	5	No
007	2015	BMW	WBA YF4C55FGS99482	L6254	DC	5	No
008	2015	BMW	WBA YF4C54FGS99487	L5772	DC	5	No
009	2015	CADILLAC	1GYS4RKJ6FR740559	L3960	DC	7	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: ADIL MALIHI

Title: President

Date: 01/28/2016