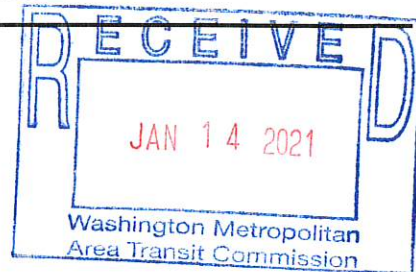


Washington Metropolitan Area Transit Commission

2021 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

3168	LPA Logistics, LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
1135 Pennsy Dr.	Suite A	Hyatsville	MD	20785
*Street Address of Principal Place of Business Apt./Suite City State Zip				
915 5th St. NW		Washington	DC	20001
Mailing Address (if different from street address) Apt./Suite City State Zip				
954-998-3427			info@lpa-logistics.com	
*Telephone Other Telephone		Fax	E-mail	

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

3013315			
USDOT No.	DC DFHV No.	Virginia DMV passenger carrier No.	Maryland PSC No.

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

Reginald Laurent	Vice President		
*Name		*Title	
954-998-3427			info@lpa-logistics.com
*Telephone Other Telephone		Fax	E-mail

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		E-mail
Agent Address (must be inside Metropolitan District)		State Zip

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.

No changes.

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

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
029	2017	Ford	1FD FE4FS0HDC62096	B49645	DC	20	Yes
030	2017	Ford	1FD FE4FS9HDC62059	B49948	DC	20	Yes

7. ***CERTIFICATION:**

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

Philippe Pierre-Antoine

*Name (type or print)



*Signature

President

*Title (not required for sole proprietors)

1/14/2021

*Date