

Washington Metropolitan Area Transit Commission

2022 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2370	Royal Sedan Service LLC			
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>				
2810 Dorr Avenue, #S		Fairfax	VA	22031-1513
<small>*Street Address of Principal Place of Business Apt./Suite City State Zip</small>				
Mailing Address (if different from street address)				
(703) 417-9390		(703) 559-3244	info@dcroyalsedan.com	
<small>*Telephone Other Telephone Fax E-mail</small>				

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

2419026		923	
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):

Mr. Ali Abuelhawa	President
<small>*Name *Title</small>	
(703) 417-9390	(703) 559-3244 info@dcroyalsedan.com
<small>*Telephone Other Telephone Fax E-mail</small>	

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	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	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.

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
	2017	Mercedes Sprinter	WDA PF4CB24P555913	HS24521	VA	15	NO

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.

Ali Abuelhawa
 *Name (type or print)

Ali Abuelhawa
 *Signature

President
 *Title (not required for sole proprietors)

1-10-22
 *Date