

Shanelle N. Hayes

From: WMATC E-Filings
Sent: Thursday, February 16, 2023 1:38 PM
To: WMATC carrier filings
Subject: 2023 Annual Report - WMATC No: 3043, Carrier Name: Limousines, Inc.

Washington Metropolitan Area Transit Commission
2023 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2023, must file a complete 2023 annual report and pay a \$175 annual fee on or before **January 31, 2023**. To be timely, the report and fee must be received at the WMATC 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 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, 2023.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.
- Make check or money order payable to WMATC. WMATC does not accept cash.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 3043

Name of Carrier (as shown on certificate of authority): Limousines, Inc.

Trade Name:

Principal Place of Business

Street Address: 15444 Depot Lane

Apt./Suite:

City: Upper Marlboro

State: MD

Zip: 20772

Mailing Address (if different from street address)

Street: 1707 NOB HILL CT

Apt./Suite:

City: Owings

State: MD

Zip: 20736

Telephone Number: 3017807550

Other Telephone:

Fax Number: (301)780-7552

E-mail: Matt@Limos-Inc.com

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

USDOT No.: 954865

DC DFHV No.:

Virginia DMV passenger carrier No.: 450

Maryland PSC No.: 2026

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

Name: Matthew Loiacono

Title: Owner

Telephone Number: 2403757344

Other Telephone:

Fax Number: (301)780-7552

E-mail: matt@limos-inc.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
	2014	LINCOLN	2LMJ5LK1EBL5196	04411LM	MD	8	No
	2015	MERCEDES	WD3PF4CC2F5983473	09885P	MD	12	No
	2015	MERCEDES	WD3PF1CC6FP107248	09886P	MD	12	No
	2016	MERCEDES	WDAPF1CD0GP183647	09899P	MD	12	No
	2019	FORD	1FDAF5GT7KEF05616	10865P	MD	24	No
	2012	FORD	1FDXE4FS8CDA19369	08696P	MD	28	No
	2014	FORD	1FDXE4FS8DDA36156	09866P	MD	28	No
	2014	FORD	1FDXE4FS0DDA85416	09878P	MD	28	No
	2018	LINCOLN	2LMJ5LT9JBL00425	04412LM	MD	8	No

***Your vehicle list was attached to your submission.* 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: Matthew Loiacono

Title: OWNER

Date: 02/16/2023