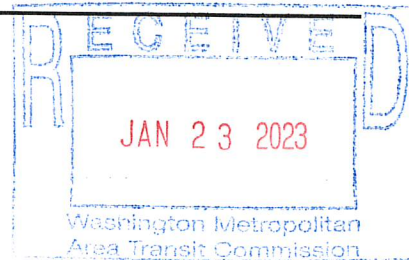


Washington Metropolitan Area Transit Commission

2023 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

3290	First Metropolitan Community Services, Inc.			
*WMATC No.	*Name of Carrier (as shown on certificate of authority)			
6856 Eastern Avenue, N.W., #202		Washington	DC	20012-2166
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(202) 290-3111	(240) 464-1749		fmcsi@firstmetroinc.com	
*Telephone	Other Telephone	Fax	E-mail	

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

USDOT No.	DC DFHV No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

MS CA Elizabeth Alenda	Program Administer		
*Name	*Title		
(202) 290-3111	(240) 464-1749	(202) 629-4448	fmcsi@firstmetroinc.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.

Michael Riley	202 489 7571	Mike 4757michael@aol.com	
Name of Registered Agent for Service of Process	Telephone	E-mail	
301, 33rd St SE	#301	Washington	DC 20019-2423
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.

None

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
	2014	Ford	1FINS2EW19JDA38995	B52654	DC	6	No
	2011	Toyota	5TDJJK3DC3BS128418	B52653	DC	6	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.

Elizabeth Alenda

 *Name (type or print)



 *Signature

Program Administrator

 *Title (not required for sole proprietors)

1/20/23

 *Date