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**From:** WMATC E-Filings  
**Sent:** Thursday, January 12, 2023 5:31 PM  
**To:** WMATC carrier filings  
**Subject:** 2023 Annual Report - WMATC No: 333, Carrier Name: Community Multi-Services, Inc.  
**Attachments:** 63c08a1f0e565-Copy of 2021 - CMS - Group Homes Auto List .pdf

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**Washington Metropolitan Area Transit Commission**  
**2023 Carrier Annual Report Form**

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**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.:** 333

**Name of Carrier (as shown on certificate of authority):** Community Multi-Services, Inc.

**Trade Name:** CMS Inc.

**Principal Place of Business**

**Street Address:** 8401 Colesville Road

**Apt./Suite:** Suite 500

**City:** SILVER SPRING

**State:** MD

**Zip:** 20910

**Mailing Address (if different from street address)**

**Street:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:** 3015889280

**Other Telephone:**

**Fax Number:**

**E-mail:** lperry@cmsdc.us

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

**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):

**Name:** Lawrence W Perry III

**Title:** Administrator

**Telephone Number:** 2403531516

**Other Telephone:**

**Fax Number:**

**E-mail:** lperry@cmsdc.us

**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](http://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

**\*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:** Lawrence W. Perry, III

**Title:** Administrator

**Date:** 1/12/2022

## Community Multi-Services, Inc.

Veh #	Year	Make	Model	VIN	License Plate Number	Registration State	Seating Capacity	Wheelchair Lift/Ramp
1	2013	Toyota	Sienna	5TDZK3DC6DS353403	B45134	Washington, D.C	7	N
2	2013	Toyota	Sienna	5TDZK3DC8DS354827	B45133	Washington, D.C	7	N
3	2013	Toyota	Sienna	5TDZK3DC9DS318788	B45136	Washington, D.C	7	N
4	2013	Toyota	Sienna	5TDZK3DC3DS370014	B45135	Washington, D.C	7	N
5	2007	Honda	Odyssey	5FNRL384X7B106474	98078HV	Maryland	7	Y
6	2014	Ford	F250	1FTNE2EW9EDA97554	B49078	Washington, D.C	7	Y
7	2020	Ford	Transit	1FTYE1C89LKA84114	B51606	Washington, D.C	10	N
8	2020	Ford	Transit	1FTYE1C80LKA84115	B51604	Washington, D.C	10	N
9	2020	Ford	Transit	1FTYE1C88LKA84119	B51605	Washington, D.C	10	N
10	2020	Ford	Transit	1FTYE1C87LKA84113	B51607	Washington, D.C	10	N
11	2012	Dodge	Caravan	2C4RDGBG9CR114071	B46121	Washington, D.C	7	N
12	2012	Dodge	Caravan	2C4RDGBG9CR130979	B46122	Washington, D.C	7	N
13	2012	Dodge	Caravan	2C4RDGBG7CR130978	B46123	Washington, D.C	7	N