

Chris Aquino

From: WMATC E-Filings
Sent: Wednesday, January 31, 2024 10:14 AM
To: WMATC carrier filings
Subject: 2024 Annual Report - WMATC No: 3660, Carrier Name: Blossom of Hope Medical Transportation LLC

Washington Metropolitan Area Transit Commission 2024 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2024, must file a complete 2024 annual report and pay a \$175 annual fee on or before **January 31, 2024**. 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, 2024.
- 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.: 3660

Name of Carrier (as shown on certificate of authority): Blossom of Hope Medical Transportation LLC

Trade Name:

Principal Place of Business

Street Address: 9300 FOREST POINT CIRCLE

Apt./Suite: SUITE 131

City: Manassas

State: WA

Zip: 20110

Mailing Address (if different from street address)

Street: 9300 FOREST POINT CIRCLE

Apt./Suite: SUITE 131

City: Manassas

State: VA
Zip: 20110

Telephone Number: 7034791117
Other Telephone:
Fax Number:
E-mail: info@blossomhope.com

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

USDOT No.:
DC DFHV No.:
Virginia DMV passenger carrier No.: 1509
Maryland PSC No.:

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

Name: EKOW MENSAH
Title: DISPATCHER
Telephone Number: 7034791117
Other Telephone: 2035083064
Fax Number:
E-mail: info@blossomhope.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: Micheal Asamoah
Agent Address: 8015 Horseshoe cottage cir
Apt./Suite:
City: Lorton
State: VA
Zip: 22079
Telephone Number:
E-mail: KKYERE77@gmail.com

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
	2015	FORD	1FTNR2CM2FKB33507	N16752	VA	4	Yes
	2016	FORD	1FMZK1CGXGKBO1914	N16753	VA	3	Yes
	2019	FORD	1FBAX2CM4KKA47554	N16961	VA	4	Yes

***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: Angelina Frema Agyei
Title: OWNER
Date: 1/31/2024