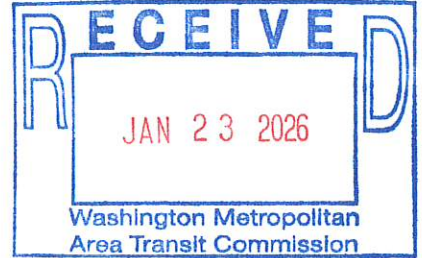


# Washington Metropolitan Area Transit Commission

## 2026 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

3493 | Hameni Home Health Services Inc., t/a Hameni Transportation

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

11905 Old Columbia Pike | | Silver Spring | MD | 20904-1970  
\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(240) 481-7643 | (240) 603-2481 | | hamenihomehealthservices@gmail.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.

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

Mr. Pierre Hameni | Director

\*Name | \*Title

(240) 481-7643 | (240) 603-2481 | | hamenihomehealthservices@gmail.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](http://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.

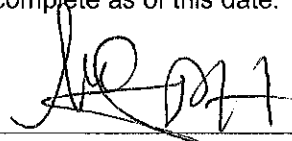
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	Sienna 2015	Toyota	5TDK43D22FS617706	68300B	MD	07	NO
	Sienna 2014	Toyota	5TDYK3DC3ES473107	66981B	MD	07	NO
	Sienna 2014	Toyota	5TDDK3DC9ES086706	68342B	MD	07	NO
	Sienna 2011	Toyota	5TDYK3DC7B5126973	67851B	MD	07	Yes Ramp
	Cluster 2015	DODG	2C4R1G6B64FR686637	67611A	MD	04	Yes Ramp

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.

Pierre Hermeni

\*Name (type or print)



\*Signature

DIRECTOR

\*Title (not required for sole proprietors)

01-22-2026

\*Date