Public Safety & Transportation Committee Agenda

City of Newton
In City Council

Wednesday, December 3, 2025

7:00 PM

The Public Safety & Transportation Committee will hold this meeting as a virtual meeting on Wednesday, December 3, 2025 at 7:00 pm. To view this meeting using Zoom use this link: https://newtonma-gov.zoom.us/j/89946999212 or call 1-646-558-8656 and use the following Meeting ID: 899 4699 9212

Items Scheduled for Discussion:

#329-25 **Requesting renewal of public auto license**
TOM MOUNTAIN, 117 Truman Road, Newton, MA 02459 requesting renewal of one (1) public auto license for Limo Class Inc.

#330-25 **Requesting renewal of public auto license**
MICHAEL GIMMELFARB, 274 Dedham Street, Newton, MA 02461 requesting renewal of one (1) public auto license for American Truck & Equipment Sales, LLC.

#331-25 **Requesting renewal of public auto license**
LAHCENE BELHOUCHET, 32 Adams Street, Newton, MA 02460 requesting renewal of one (1) public auto license for Boston Cool Ride Limo Inc.

#332-25 **Requesting renewal of public auto license**
RAJIV KUMAR, 2323 Washington Street, Apt. #G3, Newton, MA 02462 requesting renewal of one (1) public auto license for Om Sai Enterprises Inc.

The location of this meeting is accessible and reasonable accommodations will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the city of Newton's ADA Coordinator, Jini Fairley, at least two business days in advance of the meeting: jfairley@newtonma.gov or (617) 796-1253. The city's TTY/TDD direct line is: 617-796-1089. For the Telecommunications Relay Service (TRS), please dial 711.

#333-25 **Requesting renewal of public auto license**
ABDERRAHMANE FELLAH, 159 Washington Street, #1, Newton, MA 02458 requesting renewal of one (1) public auto license for AB Inc.

Respectfully submitted,

Becky Grossman, Chair

Public Auto Contact Information Inspection 2025

D. Delaney 11/7/25

PUBLIC AUTO

Company and Business Address	**Contact, Business Phone and email**	**Medallion**	**Vehicle Registration**	**Make, Model, Year**	**Inspection Date PASS/FAIL**
Limo Class, Inc. 117 Truman Road Newton, MA 02459	Tom Mountain 617-953-4125 tmount117@gmail.com	PA#	LVM7311	Cadillac XT6, 24	5/29/25 PASS
American Truck and Equipment Sales, LLC. 274 Dedham Street Newton, MA 02461	Michael Gimmelfarb 617-834-5964 mgim@verizon.net	PA#2	LV76277	Chevy Suburban, 23	5/30/25 PASS
Boston Cool Ride Limo Inc. 32 Adams Street Newton, MA 02460	Lahcene Belhouchet 617-869-3141 belhouchet70@gmail.com	PA#	LVB1128	Cadillac Escalade, 24	5/29/25 PASS
Om Sai Enterprises 2323 Washington Street, Apt #G3, Newton, MA 02462	Rajiv Kumar 781-985-9461 617-702-6487 rajivberlin@yahoo.com	PA#	LV84072	Cadillac Escalade, 24	5/29/25 PASS
AB Inc. 159 Washington Street #1 Newton, MA 02458	Abderrahmane Fellah 617-229-9183 fellahabderrahmane@gmail.com	PA#	LV98248	Chevy Suburban, 24	5/29/25 PASS
EF&M LLC. 2251 Washington Street Newton, MA 02462	Gamaleldin Mohamed 857-350-7533 gamal02462@gmail.com	PA#	LVM7651	Chevy Suburban, 22	PS&T approved on 10/08/25. City Council approved on 10/20/25.
~~Don's Car Service~~ ~~21 Parker Street~~ ~~Newton Centre, MA 02459~~	Donald LaPlante 617-510-1485 dlaplante1948@gmail.com	PA#14	8TL428	Toyota Sienna, 24	Due on 10/31/25. On 11/3 D Delaney called and emailed. Applicant did not respond and did not return renewal application as of 11/7/25.
~~MHS Worldwide, LLC~~ ~~275 Grove Street, Suite 2-400~~ ~~Newton, MA 02466~~	Dhanraj Mahase 1-774-444-9888 info@mhsworldwide.com	PA#	LVA6827	Cadillac Escalade, 24	Due on 10/31/25. On 11/3 D Delaney called and emailed. Applicant did not respond and did not return renewal application as of 11/7/25.

#329-25

Received
$25 check
1003

Limo Class Inc.
117 Truman Rd
Newton Ma 02459

October 27, 2025

Dear Sir/Madam,

This is a request for a Public Auto License renewal for the City of Newton for a one car, one person car-limo service in which I am the sole operator-driver. The car- 2024 Cadillac XT6 -is a standard size vehicle which will be garaged at 117 Truman Road, Newton, where I have lived since 1997.

Thank you,

Tom Mountain

President-General Manager, Limo Class Inc.

RECEIVED
2025 OCT 29 AM 9:51
CITY CLERK
NEWTON, MA

APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC AUTO/EXCLUSIVE TAXI STAND

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: Thomas Mountain

2. Business Name: LimoClass Inc
   Business Address: 117 Irving St. Newton MA 02459
   Business Telephone Number: 617-953-4125
   email address: tmount117@gmail.com

3. Total number of Licenses:

   PUBLIC AUTO = 1

   TAXI LICENSE =

4. If applicable, ***list ALL address locations*** of EXCLUSIVE TAXI STANDS:

   N/A

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

   Corporation

6. If the business is a sole proprietor, please state the full name and address of the owner:

   ———

7. If the business is a partnership, please state the name and address of each partner:

   ———

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

   Thomas E. Mountain (all of the above)

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:

   Tom Mountain
   President/General Manager
   617-953-4125

#329-25

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Tom Mountain (Owner Name) Limo Class, Inc (Company Name) 117 Truman Rd Newton MA 02459 (Company Address) 617-953-4125 (Company Phone Number)

tmount117@gmail.com (email address)

Please list below for each vehicle:

	MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1ST INSPECTION (mileage & meter #)	2nd INSPECTION (mileage & meter #)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

#329-25

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☑ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 10/27/25

Phone #: 617-953-4125

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #** _____

Issuing Authority (check one):

1. ☐ **Board of Health** 2. ☐ **Building Department** 3. ☐ **City/Town Clerk** 4. ☐ **Licensing Board**
5. ☐ **Selectmen's Office** 6. ☐ **Other** _____

Contact Person: _____ **Phone #:** _____

William Francis Galvin
Secretary of the
Commonwealth

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

#329-25

June 21, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

LIMO CLASS INC.

is a domestic corporation organized on **June 7, 2021**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By: sam

#329-25

CERTIFICATE OF REGISTRATION

REGISTRY OF MOTOR VEHICLES

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE	REGISTRATION TYPE	PLATE NUMBER	EFFECTIVE DATE	TITLE NUMBER	EXPIRES ON
LVN	Livery Normal	LVM7311	04-Nov-2024		31-Jan-2026

MODEL YEAR	MAKE	MODEL	MODEL NUMBER	BODY STYLE	COLOR	VEHICLE IDENTIFICATION NUMBER
2024	CADI	XT6		SUV	BLACK	1GYKPDRS9RZ714339

RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)

TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER

GARAGE ADDRESS

117 TRUMAN RD NEWTON MA 02459-2640

US DOT NUMBER FOR COMMERCIAL VEHICLE

NAME(S) OF OWNER(S) AND MAILING ADDRESS

LIMO CLASS INC
117 TRUMAN RD
NEWTON MA 02459-2640

INSURANCE COMPANY

Arbella Protection Insurance Company

MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE

7

LESSEE/IN CUSTODY OF

Colleen J. Ogilvie Registrar of Motor Vehicles

SPECIAL MESSAGE

If this vehicle is newly acquired, it must be inspected within 7 days of registration.

CHANGE OF ADDRESS ☐ RESIDENTIAL ☐ MAILING ☐ GARAGE

Important information for vehicle owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- Transferring Your Plates: Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at Mass.Gov/RMV for more information.
- Cancel the registration plates if:
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Skip the Line. Go Online! Visit Mass.Gov/RMV for list of available transactions.

#329-25

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Roger Donoghue	
Waverley Insurance Agency 44 Trapelo Rd Belmont, MA 02478	PHONE (A/C, No, Ext): 617-484-5216	FAX (A/C, No): 617-489-4628
	E-MAIL ADDRESS: rogerd@waverleyins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Arbella Protection Insurance	41360
INSURED	INSURER B:	
Limo Class Inc 117 Truman Rd Newton, MA 02459	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 00015249-0** **REVISION NUMBER: 6**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$
	OTHER:						PRODUCTS - COMP/OP AGG	$
								$
A	AUTOMOBILE LIABILITY			1020005624	08/25/2025	08/25/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,500,000
	[X] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Terms and conditions are subject to the policy.
2024 CADILLAC SUV PDR VIN# 1GYKPDRS9RZ714339, Plate# LVM7311
Certificate holder is listed as additional insured with regards to automobile liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(RLD)

© 1988-2015 ACORD CORPORATION. All rights reserved.

#330-25

10/10/25
Received
$25.00
Check # 440

October 9, 2025

American Truck & Equipment Sales, LLC.
274 Dedham St.
Newton, MA. 02461

617-834-5964
mgim@verizon.net

Michael Gimmelfarb.
Owner.

To whom it may concern!

I am requesting renewal of my public auto transportation license for year 2026.

Thank you!

M. Gimmelfarb

Michael Gimmelfarb.

RECEIVED
2025 OCT 10 PM 1:19
CITY CLERK
NEWTON, MASS. 02459

APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC AUTO/EXCLUSIVE TAXI STAND

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: Michael Gimmelfarb

2. Business Name: American Truck and Equipment Sales LLC
   Business Address: 274 Dedham st NEWTON MA 02461
   Business Telephone Number: 617-834-5964
   email address: mgim@VERIZON.NET

3. Total number of Licenses: 1

   PUBLIC AUTO = 1

   TAXI LICENSE =

4. If applicable, ***list ALL address locations*** of EXCLUSIVE TAXI STANDS:

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

6. If the business is a sole proprietor, please state the full name and address of the owner:
   Michael Gimmelfarb
   274 Dedham st NEWTON MA 02461

7. If the business is a partnership, please state the name and address of each partner:

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:
   Michael Gimmelfarb
   617-834-5964

#330-25

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Michael Gimmelfarb American Truck and Equipment Sales LLC
(Owner Name) (Company Name) (Company Address) (Company Phone Number)

274 Dedham st Newton MA. 02461 617-834-5964

mgim@verizon.net
(email address)
michaelgimmelfarb@gmail.com

Please list below for each vehicle:

	MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1ST INSPECTION (mileage & meter #)	2nd INSPECTION (mileage & meter #)
1.	LV76277	2	1GNSKFKD9PR321103	2023 CHEVY SUBURBAN			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

#330-25

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: American Truck and Equipment Sales LLC

Address: 274 Dedham st

City/State/Zip: Newton MA. 02461 Phone #: 617-834-5964

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Transportation / Limo

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: M. Cr Date: 10-4-25

Phone #: 617-834-5964

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (check one):

1.☐ Board of Health 2.☐ Building Department 3.☐ City/Town Clerk 4.☐ Licensing Board
5.☐ Selectmen's Office 6.☐ Other _____

Contact Person:_____ **Phone #:**_____

#330-25

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-05-2008

Employer Identification Number:
26-3114478

Form: SS-4

Number of this notice: CP 575 B

AMERICAN TRUCK & EQUIPMENT SALES
LLC
MICHAEL GIMMELFARB MBR
274 DEDHAM ST
NEWTON, MA 02461

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-3114478. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 04/15/2009

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

Secretary of the Commonwealth of Massachusetts
William Francis Galvin

Business Entity Summary

ID Number: 263114478 Request certificate New search

Summary for: AMERICAN TRUCK & EQUIPMENT SALES, LLC

The exact name of the Domestic Limited Liability Company (LLC): AMERICAN TRUCK & EQUIPMENT SALES, LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 263114478 **Old ID Number:** 000983751

Date of Organization in Massachusetts: 08-06-2008 **Date of Revival:**

Last date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address: 274 DEDHAM STREET
City or town, State, Zip code, Country: NEWTON, MA 02461 USA

The name and address of the Resident Agent:

Name: MICHAEL GIMMELFARB
Address: 274 DEDHAM ST.
City or town, State, Zip code, Country: NEWTON, MA 02461 USA

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address
SOC SIGNATORY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address
REAL PROPERTY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

Consent Confidential Data Merger Allowed Manufacturing

View filings for this business entity:

ALL FILINGS
Annual Report
Annual Report - Professional
Articles of Entity Conversion
Certificate of Amendment

View filings

Comments or notes associated with this business entity:

New search

REGISTRY OF MOTOR VEHICLES

CERTIFICATE OF REGISTRATION #330-25

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type	Registration Type	Plate Number	Effective Date	Title Number	Expires On	Month	Year
LVN	LIVERY NORMAL	LV76277	01-Aug-2025	CL111406	→	07	27

Model Year	Make	Model	Model Number	Body Style	Color(s)	Vehicle Identification Number
2023	CHEV	SUBURB		SUV	BLACK	1GNSKFKD9PR321103

Residential Address (If Different than Mailing)

Garage Address
274 DEDHAM ST NEWTON MA 024612045

Name(s) of Owner(s) and Mailing Address

1

9688 T43 P1
2
AMERICAN TRUCK AND EQUIPMENT SALES LLC
274 DEDHAM ST
NEWTON, MA 02461-2045

Lessee/In Custody Of

Total Registered Weight for Commercial Vehicle or Trailer

US DOT Number for Commercial Vehicle

Insurance Company
UNITED FINANCIAL CASUALTY COMPANY

Maximum Seating Capacity for Vehicles for Hire
8

Colleen J Ogilvie Registrar of Motor Vehicles

Special Message

Change of Address ☐ Residential ☐ Mailing ☐ Garage

Important Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.

Massachusetts

27

- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.

#330-25

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
PROGRESSIVE PO BOX 94739 CLEVELAND OH 44101	PHONE (A/C, No, Ext): 800-444-4487	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Financial Casualty Co.	11770
INSURED	INSURER B :	
AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON HIGHLAN MA 02461	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$ 20,000
A	☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			022388022	6/12/2025	6/12/2026	BODILY INJURY (Per accident)	$ 40,000
							PROPERTY DAMAGE (Per accident)	$ 5,000
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Uninsured Motorist Personal Injury Protection			022388022	6/12/2025	6/12/2026		20,000/40,000 BASIC

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OPTIONAL BOD INJ / PROP DMG 1,000,000 CSL

2023 CHEVROLET SUBURBAN 1GNSKFKD9PR321103

CERTIFICATE HOLDER

MASSACHUSETTS PORT AUTHORITY
1HARBORSIDE DR. SUTE 200S
E. BOSTON, MA. 02128

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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#331-25

Boston Cool Ride Limo Inc
Lahcene Belhouchet, President
32 Adams St Newton MA 02460
#617-8693141

Received
$25.00
Check
#122

October 1st, 2025

To City Council, 100 Commonwealth Avenue, Newton Center, MA 02459

Dear City Council,
My name is Lahcene Belhouchet,the President of Boston Cool Ride Limo Inc. I would like to obtain a Public Auto License to operate in Newton, MA.

Sincerely,

Lahcene Belhouchet

RECEIVED
2025 SEP 29 PM 3:01
CITY CLERK
NEWTON, MA 02459

#331-25

APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC AUTO/EXCLUSIVE TAXI STAND

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: LAHCENE BELHOUCHET
2. Business Name: Boston Cool Ride Limo Inc
   Business Address: 32 Adams St Newton MA 02460
   Business Telephone Number: # 617-8693141
   email address: belhouchet70@gmail.com
3. Total number of Licenses: 1

   (PUBLIC AUTO =)

   TAXI LICENSE =

4. If applicable, ***list ALL address locations*** of EXCLUSIVE TAXI STANDS:

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

   corporation S

6. If the business is a sole proprietor, please state the full name and address of the owner:

   Lahcene Belhouchet

7. If the business is a partnership, please state the name and address of each partner:

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

   Boston Cool Ride Limo Inc
   Lahcene Belhouchet - President

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:

   Lahcene Belhouchet, President
   # 617 8693141

#331-25

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Lahcene Belhouchet / Boston Cool Ride / 32 Adams St Newton / 6178693141

(Owner Name) (Company Name) (Company Address) (Company Phone Number)

belhouchet70@gmail.com

(email address)

Please list below for each vehicle:

	MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1ST INSPECTION (mileage & meter #)	2nd INSPECTION (mileage & meter #)
1.	LVB1128		1GYS4JKL3RR203509				
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

#331-25

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: Boston Cool Ride Limo Inc

Address: 32 Adams St Newton MA 02460

City/State/Zip: MA 02460 Phone #: 6178693141

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☑ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☑ Other transportation

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 10/1/2025

Phone #: 6178693141

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (check one):

1. ☐ **Board of Health** 2. ☐ **Building Department** 3. ☐ **City/Town Clerk** 4. ☐ **Licensing Board**
5. ☐ **Selectmen's Office** 6. ☐ **Other** _____

Contact Person:_____ **Phone #:**_____

#331-25

DBA

City of Newton-Office of the City Clerk
1000 Commonwealth Ave. Newton, MA 02459
2022
$35.00 Filing Fee
Requires Renewal Every 4 Years

253
City Clerk's Use

In conformity with the provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declares that a "Doing Business As", is being conducted under the name of: **Please Print**

Business Name	Boston Cool Ride Limo Inc			
Proposed Use	transportation			
Location of Business	32 Adams St (Address)	Newton (City)	MA (State)	02460 (Zip code)

Full name and address of owner: **Signature of either owner/president/treasurer:**

Name Belhouchet Lahcene	Signature [In presence of Notary or City Clerk Agent]		
Address 32 Adams St Newton	Newton (City)	MA (State)	02460 (Zip code)
Name	Signature [In presence of Notary or City Clerk Agent]		
Address	City	State	Zip code
Name	Signature [In presence of Notary or City Clerk Agent]		
Address	City	State	Zip code

On October 6, 2022 the above-named individual personally appeared before me and made oath that the foregoing statement is true.

BELHOUCHET LAHCENE
S55156931
7/8/26
MA LIC

Notary Public / City Clerk Agent **Commission Expiration/Seal**

Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars ($300.00) for each month during which such violation occurs.

This certificate expires four [4] years from Date/Time stamp on back: October 6, 2026

**The issuance of this Business Certificate does not imply that all relevant licenses required to legally operate this business have been obtained or are current. This certificate only records that a business is being conducted.*

See Reverse →

#331-25

Attention:	To Be Completed By The Business Owner:
Was a "Home Business/Office Affidavit" completed by the businessowner/ homeowner?	(YES) [owner choose one] NO If the proposed business is located within a residence, owner will be required to file a *"Home Business/Office Affidavit"* with the Inspectional Services Department, thereby acknowledging compliance with Newton's Home Business/Office Ordinance.

Is the Business New, or a Renewal?

New	Renew
	✓

[owner choose one]

To Be Completed By Inspectional Services Department Official:

I hereby certify that this business address is in the following zoning district, and is an allowed use in accordance with the revised zoning ordinances of the City of Newton.

Zoning District	Attest Initials/Date
~~SR2~~ MR1	10/6/22

Received in the City Clerk's Office

Book	Page
61	253

Entered in the records of business titles in the City Clerk's Office-City of Newton, Massachusetts

Newton City Clerk

Date & Time Stamp:

RECEIVED
2022 OCT -6 AM 9:45
CITY CLERK
NEWTON, MA 02459

REGISTRY OF MOTOR VEHICLES

CERTIFICATE OF REGISTRATION #351-13

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type	Registration Type	Plate Number	Effective Date	Title Number	Expires On	Month	Year
LVN	LIVERY NORMAL	LVB1128	01-Sep-2025	CJ118342	→	08	27

Model Year	Make	Model	Model Number	Body Style	Color(s)	Vehicle Identification Number
2024	CADI	ESCALA		SUV	BLACK	1GYS4JKL3RR203509

Residential Address (If Different than Mailing)

Garage Address
32 ADAMS ST NEWTON MA 024601203

Name(s) of Owner(s) and Mailing Address

1

T39 P1
2

8067
ALLA BELHOUCHET
32 ADAMS ST
NEWTON, MA 02460-1203

Lessee/In Custody Of

Total Registered Weight for Commercial Vehicle or Trailer

US DOT Number for Commercial Vehicle

Insurance Company
SAFETY INSURANCE COMPANY

Maximum Seating Capacity for Vehicles for Hire
7

Colleen J. Ogilvie Registrar of Motor Vehicles

Special Message

Change of Address ☐ Residential ☐ Mailing ☐ Garage

Important Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

272287438

IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.

BOSTCOO-01 KBONDARCHUK

#331-25

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kovalev Insurance Agency, Inc. 188 Needham St Suite 220 Newton, MA 02464	CONTACT NAME: PHONE (A/C, No, Ext): (617) 562-6060 FAX (A/C, No): (617) 562-0990 E-MAIL ADDRESS: info@kovalevinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Safety Insurance Company — 39454
INSURED Alla Belhouchet dba BOSTON COOL RIDE LIMO INC 32 Adams St Newtonville, MA 02460	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO	X		5925607	6/22/2025	6/22/2026	BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Scheduled Vehicles:

2024 Cadi Escalade/ VIN: 1GYS4JKL3RR203509

United Private Car is listed as additional insured with respect to Commercial Auto Liability where required by written agreement.

CERTIFICATE HOLDER

United Private Car Inc
9B Street Hyde Park
Boston, MA 02136

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

#332-25

DATE 10/15/2025

10/15/25
Received $25.00
Check # 1117

To

MS DANIELLE DELANEY
CITY OF COUNCIL
COMMINWEALTH AVE, 1000
NEWTON - MA 02459

DEAR,
SIR/MADAM

Hi,

HEAR WITH BY THIS LETTER, I REQUEST TO YOU, PLEASE RENEW MY PUBLIC AUTO LIDENSE, FOR MY BUISNES. REF, OM SAI ENTERPRISESS.

THANK YOU,

SINCERELY,

RAJIV KUMAR
OM SAI ENTERPRISES INC
2323 WASHINGTON ST. APT 63
NEWTON, MA 02462
PH: 781-985-9461.

Rajiv K. 10/15/25

APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC AUTO/EXCLUSIVE TAXI STAND

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: RAJIV KUMAR

2. Business Name: OM SAI ENTERPRISES INC
   Business Address: 2323 WASHINGTON ST. APT G3, NEWTON MA02462
   Business Telephone Number: 781-985-9461
   email address: RAJIVBERLIN@YAHOO.COM

3. Total number of Licenses: 1

   PUBLIC AUTO = 1

   TAXI LICENSE = NO

4. If applicable, ***list ALL address locations*** of EXCLUSIVE TAXI STANDS:

   LIMOUSINE CAR SERVICE

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

   LIMO CAR SERVICE

6. If the business is a sole proprietor, please state the full name and address of the owner:

   RAJIV KUMAR

7. If the business is a partnership, please state the name and address of each partner:

   – NIL –

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

   OM SAI ENTERPRISESS INC.

   RAJIV KUMAR

9. Please provide the name, title and business telephone number of the person to contact concerning complaints: RAJIV KUMAR

   781-985-9461

#332-25

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: RAJIV KUMAR (Owner Name) | Om Sai Enterprises Inc. (Company Name) | 2323 Washington St. Apt. 63 Newton (Company Address) | 781-985-9461 (Company Phone Number)

RAJIV BERLIN@YAHOO.COM
(email address)

Please list below for each vehicle:

	MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1ST INSPECTION (mileage & meter #)	2nd INSPECTION (mileage & meter #)
1.	LV 84072		1GYS4KKL5RR148678		786700	MAY 2024	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

#332-25

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information — **Please Print Legibly**

Business/Organization Name: OM SAI ENTERPRISES INC.

Address: 2323 WASHINGTON ST. APT G3, NEWTON MA 02462

City/State/Zip: NEWTON, MA-02462 Phone #: 781-985-9461

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other LIMOUSINE CAR SERVICES

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Safety INSURANCE

Insurer's Address: CHARLES A OBEID INC. AGENCY INC

City/State/Zip: 1895 CENTRE ST. West ROXBURY MA 02132

Policy # or Self-ins. Lic. #: COM 5937565 01 Expiration Date: NOV 2026

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Rajiv K [illegible] Date: 10/15/2025

Phone #: 781-985-9461

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #** _____

Issuing Authority (check one):

1. ☐ **Board of Health** 2. ☐ **Building Department** 3. ☐ **City/Town Clerk** 4. ☐ **Licensing Board**
5. ☐ **Selectmen's Office** 6. ☐ **Other** _____

Contact Person: _____ **Phone #:** _____

#332-25
#523-22

The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: $100.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

[redacted]

...ual Report 2019
...eral Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 465418141

1. Exact name of the corporation: OM SAI ENTERPRISES INC.

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: RAJIV KUMAR
No. and Street: 34 CLARK ST APT 1
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 2323 WASHINGTON STREET
APARTMENT G-3
City or Town: NEWTON State: MA Zip: 02462 Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	RAJIV KUMAR	2323 WASHINGTON ST APT. G-3 NEWTON, MA 02462 USA
SECRETARY	RAJIV KUMAR	2323 WASHINGTON ST APT. G-3 NEWTON, MA 02462 USA
TREASURER	MARCITA RICHARD KUMAR	2323 WASHINGTON ST APT G-3 NEWTON, MA 02462 USA
DIRECTOR	MARCITA RICHARD KUMAR	2323 WASHINGTON ST APT G-3 NEWTON, MA 02462 USA

7. Briefly describe the business of the corporation:

TRANSPORTATION

8. Capital stock of each class and series:

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments *Num of Shares*	 *Total Par Value*	Total Issued and Outstanding *Num of Shares*
CNP	$0.00000	500	$0.00	500

9. Check here if the stock of the corporation is publicly traded: ___

10. Report is filed for fiscal year ending: 12/31/2019

Filer's Contact Information

#332-25

~~#523-22~~

(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: RAJIV KUMAR

Business Name:

No. and Street: 2323 WASHINGTON STREET
APARTMENT G-3

City or Town: NEWTON State: MA Zip: 02462 Country: USA

Contact Phone: (781) 985-9461 ext:

Contact Email: apathamcpa@gmail.com

Please provide an email address to receive an expedited response from the Corporations Division.
If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

Please select delivery method for annual report notices: __ Email apathamcpa@gmail.com
X Mail

Signed by RAJIV KUMAR , its president
on this 21 Day of January, 2020

Make Corrections Accept

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All Rights Reserved

REGISTRY OF MOTOR VEHICLES

CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this certificate #232-25

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type	Registration Type	Plate Number	Effective Date	Title Number	Expires On	Month	Year
LVN	LIVERY NORMAL	LV84072	01-Mar-2025	CK386325	→	02	27

Model Year	Make	Model	Model Number	Body Style	Color(s)	Vehicle Identification Number
2024	CADI	ESCALA		SUV	BLACK	1GYS4KKL5RR148678

Residential Address (If Different than Mailing)

Garage Address
2323 WASHINGTON ST APT G-3 NEWTON MA 024621431

Name(s) of Owner(s) and Mailing Address

1

17782 T74 P1
2
OM SAI ENTERPRISES INC
2323 WASHINGTON ST APT G-3
NEWTON, MA 02462-1431

Lessee/In Custody Of

Total Registered Weight for Commercial Vehicle or Trailer

US DOT Number for Commercial Vehicle

Insurance Company
SAFETY INSURANCE COMPANY

Maximum Seating Capacity for Vehicles for Hire
7

Colleen J. Ogilvie Registrar of Motor Vehicles

Special Message

Change of Address ☐ Residential ☐ Mailing ☐ Garage

Important Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

270663752

IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.

Safety Insurance®
AUTO • HOME • BUSINESS

#332-25

COMMERCIAL AUTO POLICY
SUMMARY PAGE

Safety Insurance

Policy Number: COM 5937565 01
Renewal of COM 5937565

Policy Period From 11/02/2025 **To** 11/02/2026
12:01 A.M. Standard Time at the Named Insured's Address

Transaction: RENEWAL DECLARATION

Customer #:

Named Insured & Address:
OM SAI ENTERPRISES INC
2323 WASHINGTON ST # G-3
NEWTON MA 02462

Agent: 0081738 **Telephone:** 617-327-0003
CHARLES A OBEID INS AGENCY INC
1895 CENTRE STREET
WEST ROXBURY MA 02132

Type of Business: Corporation

Audit Period: ANNUAL

Business Description:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

COVERAGE PART DESCRIPTION		PREMIUM
Commercial Auto - Business Auto	$	8,103.00

POLICY PREMIUM	$	8,103.00
DEPOSIT PREMIUM	$	
TAXES AND SURCHARGES	$	
TOTAL DEPOSIT PREMIUM	$	

Forms applicable to all Coverage Parts: See Forms and Endorsements schedule

These Declarations together with the common policy conditions, coverage declarations, coverage form(s), and form(s) and endorsements, if any, issued, complete the above numbered policy.

Issued Date: 09/18/2025

Safety Insurance®
AUTO • HOME • BUSINESS

Issuing Company: Safety Insurance #332-25

ITEM ONE — BUSINESS AUTO DECLARATIONS

Policy Number: COM 5937565 01
Renewal of COM 5937565

Policy Period From 11/02/2025 **To** 11/02/2026
12:01 A.M. Standard Time at the Named Insured's Address

Transaction: RENEWAL DECLARATION

Customer #:

Named Insured & Address:
OM SAI ENTERPRISES INC
2323 WASHINGTON ST # G-3
NEWTON MA 02462

Agent: 0081738 **Telephone:** 617-327-0003
CHARLES A OBEID INS AGENCY INC
1895 CENTRE STREET
WEST ROXBURY MA 02132

Type of Business: Corporation

Audit Period: ANNUAL

Business Description:

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

LIABILITY INSURANCE

COVERAGES	COVERED AUTO SYMBOLS	LIMIT — THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
COMPULSORY BODILY INJURY (Compulsory Limits $25,000/$50,000)	7	$25,000 $50,000	Each Person Each Accident	$600.00
PERSONAL INJURY PROTECTION	7	$8,000	Each Person	$222.00
OPTIONAL BODILY INJURY	7	SEE SCHEDULE	Each Accident	$2,614.00
PROPERTY DAMAGE (Compulsory Limit $30,000)	7	SEE SCHEDULE	Each Accident	INCL
AUTO MEDICAL PAYMENTS			Each Person	
UNINSURED MOTORISTS (Compulsory Limits $25,000/$50,000)	7	SEE SCHEDULE	Each Person Each Accident	$7.00
UNDERINSURED MOTORISTS	7	SEE SCHEDULE	Each Person Each Accident	$8.00

PHYSICAL DAMAGE INSURANCE

Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto.
See ITEM FOUR for hired or borrowed "autos".

COLLISION COVERAGE	7	SEE SCHEDULE	Deductible	$3,687.00
LIMITED COLLISION COVERAGE			Deductible	
SPECIFIED PERILS COVERAGE			Deductible	
COMPREHENSIVE COVERAGE	7	SEE SCHEDULE	Deductible	$965.00
LOSS OF USE - RENTAL REIMBURSEMENT				
TOWING AND LABOR			for each disablement	
			Premium for Endorsements	$0.00
			Estimated Total Premium	$8,103.00

Forms and Endorsements Applicable to this policy: See Forms and Endorsements Schedule

Issued Date: 09/18/2025

Safety Insurance®
AUTO • HOME • BUSINESS

Policy Number: COM 5937565 01
RENEWAL DECLARATION
Named Insured:
OM SAI ENTERPRISES INC

#332-25

BUSINESS AUTO DECLARATIONS

ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION		LOCATION	
Unit #	Year, Make & Model, Serial No. or Vehicle Identification Number	PURCHASED Cost New	City/Town, State	Territory
1	2024 CADI,ESCALADE 1GYS4KKL5RR148678	99,195	BOSTON, MA	007

	CLASSIFICATION				
Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Age Group
1	42590		Limousine		3

LIABILITY LIMITS (* Designates Limit(s) in Thousands)

	Compulsory Bodily Injury $25,000/ $50,000	Personal Injury Protection $8,000 Each Person	Optional Bodily Injury		Property Damage Compulsory Limit $30,000			Auto Medical Payments		Uninsured Motorist Compulsory Limits $25,000/$50,000		Underinsured Motorist	
Unit #	Premium	Premium	*Limit	Premium	*Limit	Ded	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium
1	600	222	1,000 CSL	2,614	CSL		INCL			50/100	7	50/100	8
	600	222		2,614							7		8

PHYSICAL DAMAGE (Limits stated in ITEM TWO)

	@ Value Type & Limit	Collision		Limited Collision		** Specified Perils			Comprehensive		*** Waiver of Ded.	Loss of Use		Towing & Labor	
Unit #		Ded.	Premium	Ded.	Premium	Cov.	Ded.	Premium	Ded.	Premium		Limit	Premium	Limit	Premium
1	ACV	1,000	3,687						1,000	965	YES				
			3,687							965					

** F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage
*** YES Designates Waiver of Deductible
Designates Policy Level Additional Insured-Lessor applies.
@ Designates whether Actual Cash Value or Stated Amount. Limit of Liability included for Stated Amount.

Unit #	
	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.

Safety Insurance®
AUTO • HOME • BUSINESS

OM SAI ENTERPRISES INC
2323 WASHINGTON ST # G-3
NEWTON MA 02462

Policy Number: COM 5937565 01
RENEWAL DECLARATION
Named Insured:
OM SAI ENTERPRISES INC

#332-25

BUSINESS AUTO DECLARATIONS

	Liability	Comprehensive	Collision	Rating ID
Experience Modifications:	1.000	1.000	1.000	

Additional Information:

Driver Information:

Driver No.	Driver Name	Date of Birth	License Number	State
001	RAJIV KUMAR	09/15/1966	XXXXX1292	MA

*E indicates Operator is Excluded

BUSINESS AUTO DECLARATIONS

ITEM FOUR: SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE							
STATE	**ESTIMATED COST OF HIRE FOR EACH STATE**	**RATE PER EACH $100 COST OF HIRE**		**LIMITS (IN THOUSANDS)**		**ESTIMATED PREMIUM**	
		Bodily Injury	Property Damage	Bodily Injury	Property Damage	Bodily Injury	Property Damage
				TOTAL PREMIUM			

The Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of Hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	**LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE**	**ESTIMATED ANNUAL COST OF HIRE**	**RATE PER EACH $100 ANNUAL COST OF HIRE**	**PREMIUM**
Comprehensive	Actual Cash Value or Cost of Repairs, whichever is less minus $ Deductible for each covered auto. But no deductible applies to loss caused by fire or lightning.			
Collision	Actual Cash Value or Cost of Repairs, whichever is less minus $ Deductible for each covered auto.			
			TOTAL PREMIUM	

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	**RATING BASIS**	**NUMBER**	**LIMITS (IN THOUSANDS)**		**ESTIMATED PREMIUM**	
			Bodily Injury	Property Damage	Bodily Injury	Property Damage
Other than a Social Service Agency	Number of Employees					
	Number of Partners					
Social Service Agency	Number of Employees					
	Number of Volunteers					
				TOTAL PREMIUM		

FORMS AND ENDORSEMENTS SCHEDULE

Form Number	Edition Date	Description
* CA0001	(03/06)	Business Auto Coverage Form
* CA2386	(01/06)	Exclusion of Terrorism Above Minimum Statutory Limits
* CA2402	(12/93)	Public Transportation Autos
* CR0001	(08/18)	Principle Place of Business Cert
* CR9904	(02/22)	Pub or Livery Passenger Convey & On-Demand Delivery Service Other Insurance Cond
* CR9905	(02/22)	Vehicle Sharing Program Exclusion
* CR9907	(07/25)	Massachusetts Mandatory Endorsement
* IL0017	(11/98)	Common Policy Conditions
* IL0021	(04/98)	Nuclear Energy Liability Exclusion Endorsement
* MM9917	(09/98)	Waiver of Deductible - Massachusetts
* MM9923	(09/98)	Rate Modification - Massachusetts
* MM9954	(09/98)	Underinsured Motorists Coverage - Massachusetts
* MM9970	(07/25)	Important Notice to Policyholders

* Indicates that this endorsement is printed with this Policy Declaration.

#333-25

AB Inc.
159 Washington St, Apt 1
Newton, MA 02458
Tel: 617-229-9183

Received
$25.00 check
#1004

September 24, 2025

City Council
1000 Commonwealth Avenue
Newton Centre, MA 02459

Dear Members of the City Council,

I am writing to you on behalf of AB Inc., located at 159 Washington St, Apt 1, Newton, MA 02458, to formally apply for a Public Auto License renewal. Thank you for considering our application. I look forward to the opportunity to provide further information or to answer any questions the council might have regarding our application.

Sincerely,

Abderrahmane Fellah
Owner, AB Inc.

RECEIVED
2025 SEP 24 AM 11:01
CITY CLERK
NEWTON, MA. 02459

#333-25

APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC AUTO/EXCLUSIVE TAXI STAND

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: ABDerrahmane Fellah

2. Business Name: AB INC
   Business Address: 159 washington st. Apt 1. Newton. MA
   Business Telephone Number: 617 229 9183
   email address: Fellahabderrahmane@gmail.com

3. Total number of Licenses:

   PUBLIC AUTO = 1

   TAXI LICENSE =

4. If applicable, ***list ALL address locations*** of EXCLUSIVE TAXI STANDS:

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

6. If the business is a sole proprietor, please state the full name and address of the owner:
   ABDerrahmane Fellah, 159 washington st. Apt 1. Newton. MA

7. If the business is a partnership, please state the name and address of each partner:

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):
   AB INC. ABDerrahmane Fellah

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:
   ABDerrahmane Fellah
   617 229 9183

#333-25

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: ABderrahmane Fellah (Owner Name) | ABINC (Company Name) | 159 washington st, 1PT1, Newton, MA (Company Address) | 617 279 9183 (Company Phone Number)

Fellahabderrahmane@gmail.com
(email address)

Please list below for each vehicle:

	MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1ST INSPECTION (mileage & meter #)	2nd INSPECTION (mileage & meter #)
1.			1GNSKBKD8RR167222	38500 miles			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

#333-25

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: ABINC

Address: 159 Washington st . APT 1 . Newton . MA

City/State/Zip: Newton . 02458 Phone #: 617 299 9183

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: A/N

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 09/24/2021

Phone #: 617 299 9183

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Newton **Permit/License #**_____

Issuing Authority (check one):

1. ☐ **Board of Health** 2. ☐ **Building Department** 3. ☐ **City/Town Clerk** 4. ☐ **Licensing Board**
5. ☐ **Selectmen's Office** 6. ☐ **Other** _____

Contact Person:_____ **Phone #:**_____

MA SOC Filing Number: 202213072610 Date: 3/14/2022 12:24:00 PM

The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: $250.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Articles of Organization
(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Identification Number: 001568913

ARTICLE I

The exact name of the corporation is:

AB INC

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

TRANSPORTATION,

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par Value Per Share Enter **0** if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding
		Num of Shares	*Total Par Value*	*Num of Shares*
CNP	$0.00000	1	$0.00	1

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a *later* effective date is desired, specify such date, which may not be later than the *90th day* after the articles are received for filing.

Later Effective Date: Time:

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: ABDERRAHMANE FELLAH
No. and Street: 159 WASHINGTON ST
APT1
City or Town: NEWTON State: MA Zip: 02458 Country: USA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	ABDERRAHMANE FELLAH	159 WASHINGTON ST APT1 NEWTON, MA 02458 USA
TREASURER	ABDERRAHMANE FELLAH	159 WASHINGTON ST APT1 NEWTON, MA 02458 USA
SECRETARY	ABDERRAHMANE FELLAH	159 WASHINGTON ST APT1 NEWTON, MA 02458 USA
DIRECTOR	ABDERRAHMANE FELLAH	159 WASHINGTON ST APT1 NEWTON, MA 02458 USA

d. The fiscal year end (i.e., tax year) of the corporation:
December

e. A brief description of the type of business in which the corporation intends to engage:

TRANSPORTATION,

f. The street address *(post office boxes are not acceptable)* of the principal office of the corporation:

No. and Street: 159 WASHINGTON ST
APT1
City or Town: NEWTON State: MA Zip: 02458 Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are

located ***(post office boxes are not acceptable)*****:**

No. and Street: 159 WASHINGTON ST
APT1

City or Town: NEWTON State: MA Zip: 02458 Country: USA

which is

___ its principal office
___ an office of its secretary/assistant secretary
___ an office of its transfer agent
X its registered office

Signed this 14 Day of March, 2022 at 12:29:38 PM by the incorporator(s). *(If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)*
ABDERRAHMANE FELLAH

© 2001 - 2022 Commonwealth of Massachusetts
All Rights Reserved

CERTIFICATE OF REGISTRATION

#333-25

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

REGISTRY OF MOTOR VEHICLES

Plate Type	Registration Type	Plate Number	Effective Date	Title Number	Expires On	Month	Year
LVN	LIVERY NORMAL	LV98248	01-Sep-2025	CK124528	→	08	27

Model Year	Make	Model	Model Number	Body Style	Color(s)	Vehicle Identification Number
2024	CHEV	SUBURB		SUV	BLACK	1GNSKBKD8RR167222

Residential Address (If Different than Mailing)

Garage Address: 159 WASHINGTON ST APT 1 NEWTON MA 024582260

Name(s) of Owner(s) and Mailing Address

1

T79 P1
3

20047
ABDERRAHMANE FELLAH
159 WASHINGTON ST APT 1
NEWTON, MA 02458-2260

Total Registered Weight for Commercial Vehicle or Trailer

US DOT Number for Commercial Vehicle

Insurance Company: LANCER INSURANCE COMPANY

Maximum Seating Capacity for Vehicles for Hire: 7

Colleen J Ogilvie Registrar of Motor Vehicles

Lessee/In Custody Of

Special Message

Change of Address ☐ Residential ☐ Mailing ☐ Garage

Important Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

27254712

IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

#333-25

DATE (MM/DD/YYYY) 04/17/25

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
AAW Insurance Agency 373 Cambridge Street Allston, MA 02134	PHONE (A/C, No, Ext): 617-783-1010	FAX (A/C, No): 617-783-0010
	E-MAIL ADDRESS: YOUSSEF@aawinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : LANCER INSURANCE CO	895
INSURED	INSURER B :	
Abderrahmane Fellah DBA AB INC 159 Washington St Apt 1 Newton , MA 02458	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS	X		BA176344#3	04/19/25	04/19/26	BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2024 CHEVROLET SUBURBAN
1GNSKBKD8RR167222
LV98248

MASSPORT AUTHORITY IS NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER

MASSPORT AUTHORITY
ONE HARBORSIDE DRIVE
BOSTON MA 02128

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AAW INSURANCE AGENCY

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