# licenselogix

NHPUC 140PR'16AM10:30

April 12, 2016

NH Public Utilities Commission Executive Director 21 South Fruit Street Suite 10 Concord, NH

Re: Hospital Energy Services, LLC Renewal Application for Electric Broker License

To Whom It May Concern:

Enclosed please find a **Renewal Application for Electric Broker License** for our client, **Hospital Energy Services, LLC**. Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix 140 Grand Street, Suite 300 White Plains, NY 10601 service@licenselogix.com (800) 292-0909

## New Hampshire Public Utilities Commission Debra Howland, Executive Director 21 South Fruit Street, Suite 10 Concord, NH 03301-2429

### RENEWAL APPLICATION FOR ELECTRIC BROKER LICENSE

(1) The legal name of the applicant as well as any trade name(s) under which it intends to operate in this state;

Hospital Energy Services, LLC

(2) The applicant's business address, telephone number, e-mail address and website address, as applicable;

110 Riverview Drive, Guilford, CT 06437 203-668-3522 mark@hospitalenergy.com http://hospitalenergy.com/

(3) The name(s), title(s), business address(es), telephone number(s), and e-mail address(es) of the applicant if an individual or of the applicant's principal(s), if the applicant is anything other than an individual;

Mark Mininberg President 110 Riverview Drive, Guilford, CT 06437 203-668-3522 mark@hospitalenergy.com

(4) The telephone number of the customer service department or the name, title, telephone number and e-mail address of the customer service contact person of the applicant, including toll free telephone numbers if available;

Mark Mininberg President 203-668-3522 mark@hospitalenergy.com

(5) A copy of the applicant's authorization to do business in New Hampshire from the secretary of state, if anything other than an individual;

Attached as EXHIBIT A

(6) Description of the geographic areas of New Hampshire in which the applicant intends to provide service, consistent with Puc 2006.01(a)(10) above;

Applicant intends to provide service b consistent with Puc 2006.01(a)(10) to the entire State of New Hampshire.

(7) A statement that the applicant is not representing any supplier interest or a listing of any supplier interest the applicant intends to represent; and

Applicant is not representing any supplier interest or a listing of any supplier interest the Applicant intends to represent.

(8) Except as provided in 2003.05(c), payment of the required filing fee; and

A \$250 check is enclosed.

(9) The signature of the applicant or its representative.

Sign: <u>Pith. Din</u> Date: <u>4/8/16</u>

**Business Entity** 

## **EXHIBIT A**



4/6/2016

**Corporation Division** 

	Date: 4/6/20 Business I
Sy Registered Agent Annual Report File Online Guidelmes Name Availability Name Appeal Process	<b>Name</b> Hospital En Hospital En
	Limited Li

## **Filed Documents**

016 (Annual Report History, View Images, etc.) Name History

Legal
Home State

Limited Liability Company - Foreig	gn - Information	
Business ID:	641397	
Status:	Good Standing	
Entity Creation Date:	1/10/2011	
State of Business.:	CT	
Principal Office Address:	110 Riverview Drive Guilford CT 06437	
Principal Mailing Address:	110 Riverview Drive Guilford CT 06437	
Last Annual Report Filed Date:	3/16/2016 12:46:33 PM	
Last Annual Report Filed:	2016	
Registered Agent		14 J
Agent Name:	InCorp Services, Inc.	
Office Address:	152 S Mast Street Goffstown NH 03045	
Mailing Address:		

Important Note: The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.

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