

COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

- RETAIL NATURAL GAS SUPPLIER
 RETAIL NATURAL GAS MARKETER
 RETAIL NATURAL GAS BROKER
 RETAIL NATURAL GAS AGGREGATOR
 OTHER (Describe):

ANNUAL REPORT

OF

Hospital Energy Services, LLC

(Exact legal name of respondent)

If name was changed during year, show also the
previous name and date of change.

110 Riverview Drive, Guilford, New Haven CT 06437

Address	City	County	State	Zip Code

(203) 668-3522

Phone: (Area Code) Number

110 Riverview Drive Guilford, CT 06437

(Address of principal business office at end of year)

TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2011

Name, title, address, e-mail address, and telephone number (including area code) of the person to be contacted concerning this report.

Mark Mininberg, President, 110 Riverview Drive

Email: mark@hospitalenergy.com, Phone: (203) 668-3522, Fax:(888) 614-3359

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).

LLC

2. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

NA

3. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. Provide full particulars.

11-5361-GA-AGG 11/5/2011

4. Check all service territories in Ohio served by respondent:

Columbia Gas of Ohio

Dominion East Ohio

Duke Energy Ohio

Vectren Delivery of Ohio

Other (Please Explain):

5. Website URL.

www.hospitalenergy.com

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

For the purpose of this report, sales of natural gas are deemed to occur at the meter of a retail customer.

SCHEDULE: 1

STATEMENT OF INTRASTATE SALES AND REVENUES*

<u>Natural Gas Sales/Revenues</u>	<u>Sales (Mcf)</u>	<u>Revenues (\$)</u>
1 Choice Program Retail Sales	0	\$0
<u>2 Choice Program Aggregation Sales</u>	<u>0</u>	<u>0</u>
3 Total Natural Gas Sales (1 + 2)	0	\$0

* The information reported on this form should refer only to those sales and revenues for which certification pursuant to Section 4929.20, Revised Code, is required. Natural gas Standard Choice Offer (SCO) providers should include such SCO sales and revenues as part of Choice Program Retail Sales.

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company.

OATH

State of Connecticut
County of New Haven

Mark Mininberg makes oath and says that

s/he is President

of Hospital Energy Services, LLC

that s/he has examined the foregoing report; that to the best of her/his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2011 to and including December 31, 2011.

[Handwritten Signature]
(Signature of affiant.)



Sworn and subscribed before me this 17 day of August, 12 Month/Year

[Handwritten Signature]
Signature of notary

My commission expires on 06/30/2017



This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

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in

Case No(s). 12-0003-GE-RPT

Summary: Annual Report Natural Gas Broker Annual Report electronically filed by Mr. Mark Mininberg on behalf of Hospital Energy Services, LLC