




NHPUC MAY07'14 PM 1:51

April 22, 2014

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

Executive Director Howland,
Please accept the attached application for renewal of Dennis K Burke Inc's registration as an aggregator of natural gas within the State of New Hampshire. Our renewal application is included, along with our renewal fee of \$250.00. If there are any questions, or if any additional information is needed, I can be reached at my email address of ted.burke@burkeoil.com or my office phone at (800)289-2875. I look forward to hearing from your office.

Kind Regards,


Edmund F. Burke, Jr
President
Dennis K Burke, Inc

Dennis K. Burke, Inc.
284 Eastern Avenue • Chelsea, MA 02150
Phone: (617) 884-7800 • Fax: (617) 884-7638 • Toll Free (800) 289-2875
Website: www.burkeoil.com • E-mail: support@burkeoil.com

Puc 3006.02 Form for Initial and Renewal Registration of Aggregators.

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

Dennis K Burke, Inc.

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

284 Eastern Avenue

PO Box 6069

Chelsea MA 02150

Office: (800) 289-2875

Fax: (617) 884-7638

Email: ted.burke@burkeoil.com

Website: www.burkeoil.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 anything other than an individual;

Edmund F Burke, Jr

President

Dennis K Burke, Inc

284 Eastern Avenue

Chelsea MA 02150

Office: (800)289-2875

Email: ted.burke@burkeoil.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;

Office: (800) 289-2875

(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;

Copy is attached.

(6) A list of CNGSs in New Hampshire through which the applicant intends to provide service;

Dennis K Burke, Inc intends to work with a number of licensed Competitive Natural Gas Suppliers within the State of New Hampshire. We will work only with licensed entities, and prefer to be able to work with multiple suppliers.

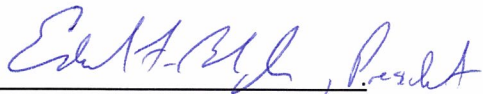
(7) A statement that the applicant is not representing any supplier interest, or a listing of any supplier interest(s) the applicant intends to represent; and

Dennis K. Burke, Inc does not represent any supplier interest.

(8) Payment of the required filing fee; and

Payment is enclosed.

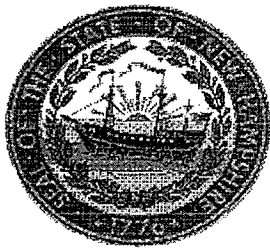
(9) The signature of the applicant or its representative.



Edmund F Burke, Jr

President

Dennis K Burke, Inc.



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.
REPORT DUE BY April 1, 2014
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/29/2014
Business ID: 9912
William M. Gardner
Secretary of State

DENNIS K. BURKE, INC.
284 EASTERN AVE, PO BOX 6069
CHELSEA, MA 02150

ENTITY TYPE:	CORPORATION
BUSINESS ID:	9912
STATE OF DOMICILE:	MASSACHUSETTS
DELIVERY OF MOTOR FUEL AND LUBRICANTS	

1

ADDRESS OF PRINCIPAL OFFICE:
284 EASTERN AVE, PO BOX 6069
CHELSEA, MA 02150

REGISTERED AGENT AND OFFICE:
PRENTICE-HALL CORPORATION SYSTEM, INC.
14 CENTRE STREET
CONCORD, NH 03301

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

OFFICERS		BOARD OF DIRECTORS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE OFFICER BELOW)		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW)	
PRES.	Edmund F. Burke, Jr.	DIR.	Edmund F. Burke, Jr.
STREET	54 Williams Street	STREET	54 Williams Street
CITY/STATE/ZIP	Quincy Ma 02171	CITY/STATE/ZIP	Quincy Ma 02171
TREAS.	Edmund F. Burke	DIR.	Edmund F. Burke
STREET	3061 Laurel Ridge Ct	STREET	3061 Laurel Ridge Ct
CITY/STATE/ZIP	Bonita Springs FL 34134	CITY/STATE/ZIP	Bonita Springs FL 34134
SEC'Y.	Edmund F. Burke	NAME	.....
STREET	3061 Laurel Ridge Ct	STREET	.....
CITY/STATE/ZIP	Bonita Springs FL 34134	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Edmund F. Burke

Please print name and title of signer: Edmund F. Burke / SECRETARY

NAME TITLE

FEE DUE: \$100.00

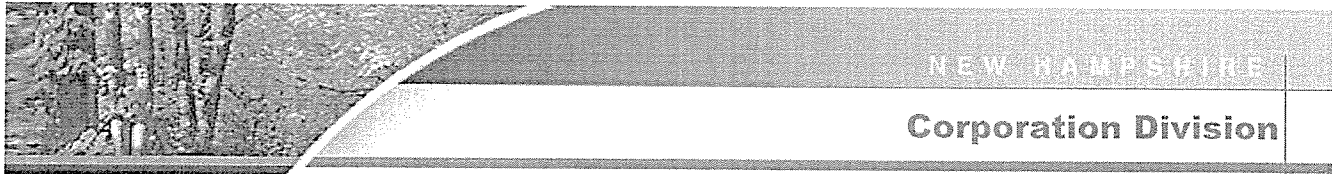
E-MAIL ADDRESS (OPTIONAL): _____



991220141009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301



- Search
- By Business Name
- By Business ID
- By Registered Agent
- Annual Report
- File Online
- Guidelines
- Name Availability
- Name Appeal Process

Date: 4/22/2014

Filed Documents

(Annual Report History, View Images, etc.)

Business Name History

Name	Name Type
DENNIS K. BURKE, INC.	Legal

Corporation - Foreign - Information

Business ID: 9912

Status: Good Standing

Entity Creation Date: 4/25/1985

State of Business.: MA

Principal Office Address: 284 Eastern Ave
PO Box 6069
Chelsea MA 02150

Principal Mailing Address: 284 Eastern Ave
PO Box 6069
Chelsea MA 02150

Last Annual Report Filed Date: 3/29/2014

Last Annual Report Filed: 2014

Registered Agent

Agent Name: PRENTICE-HALL CORPORATION
SYSTEM, INC.

Office Address: 14 CENTRE STREET
CONCORD NH 03301

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.

CORPORATION SERVICE COMPANY

www.cscglobal.com

CSC- Chicago
Suite 2320
33 No. LaSalle Street
Chicago, IL 60602-2607
312-372-4450
312-372-1956 (Fax)

Matter# APRIL RENEWAL
Project Id :

Order# 980613-6
Order Date 01/29/2014

Entity Name : DENNIS K. BURKE INC.
Jurisdiction : NH-Secretary of State
Request for : Annual Report Filing
File# : 9912
File date : 03/29/2014
Result : Filed

Ordered by NEAL FINKLESTEIN at DENNIS K. BURKE INC.

Thank you for using CSC. For real-time 24 hour access to the status of any order placed with CSC, access our website at www.cscglobal.com.

If you have any questions concerning this order or CSCGlobal, please feel free to contact us.

Kim Leonard
kleonard@cscinfo.com

The responsibility for verification of the files and determination of the information therein lies with the filing officer; we accept no liability for errors or omissions.



Invoice No. 81101896576
 Invoice Date 04/04/14
 Amount Due 252.00
 Page 1
 Type INT

CORPORATION SERVICE COMPANY

Re: DENNIS K. BURKE INC.
 Account No. 4702824

Billing Address
 NEAL FINKLESTEIN
 DENNIS K. BURKE INC.
 284 EASTERN AVENUE
 CHELSEA MA 02150-3308

Shipping Address
 NEAL FINKLESTEIN
 DENNIS K. BURKE INC.
 284 EASTERN AVENUE
 CHELSEA MA 02150-3308

Matter No. APRIL RENEWAL Order No. 980613 006 Order Date 01/29/14

Description of Services	Amount
Company Id: 0538407	
PROJECT ID: Not Provided	
Additional Ref: Not Provided	
Unit: Not Provided	
NHQU00 FOREIGN FILING IN NEW HAMPSHIRE	.00
NH4ARM DISBURSEMENT/COST - ANNUAL REPORT/TAX RETURN	1 @ 102.00 102.00
NH410F SERVICE FEE - PREPARE & FILE ANNUAL REPORT/TAX RETURN	1 @ 150.00 150.00

TOTAL AMOUNT	252.00

THANK YOU FOR USING CSC - KIM ANN LEONARD - 800-927-9800

THANK YOU for your business

TERMS: NET 30 DAYS - Invoices not paid within 30 days are subject to a 1.5% per month finance charge. CSC extends credit to the party requesting service whom it holds responsible for payment in full for all monies expended and services rendered.

CSC E.I.D. No: 510009810

Please return this portion with your payment.

Account No.	Invoice No.	Invoice Date	Amount Due
4702824	81101896576	04/04/14	252.00

Credit Card Payment (optional)

Amount Remitted \$ _____

Circle one: VISA MC Amex

Card No. _____

Expiration Date _____

Signature _____

Telephone No. _____

Please Remit to:

CSC

PO Box 13397

Philadelphia, PA 19101-3397

5 000081101896576 0000025200