

COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

	ELECTRIC	NATURAL GAS
BROKER	<input type="checkbox"/> Y	<input type="checkbox"/> Y
MARKETER	<input type="checkbox"/> N	<input type="checkbox"/> N
AGGREGATOR	<input type="checkbox"/> Y	<input type="checkbox"/> Y
GOVERNMENTAL AGGREGATOR	<input type="checkbox"/> N	<input type="checkbox"/> N
RETAIL ELECTRIC GENERATION PROVIDER	<input type="checkbox"/> N	
OTHER (Describe): _____	<input type="checkbox"/> N	<input type="checkbox"/> N

INTRASTATE ANNUAL REPORT

OF

Reflective Energy Solutions LLC

(Exact legal name of respondent)

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

1 University Plaza, Suite 407, Hackensack, Bergen NJ 07601

Address	City	County	State	Zip Code
201-8801997		201-8801997		

Phone: (Area Code) Number

1 University Plaza Suite 407 Hackensack, NJ 07601-6204

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2010

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain). If incorporated, specify the date of filing articles of incorporation and the state in which incorporated.

Limited Liability Company

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

n/a

3. Identify the names of affiliate and subsidiary companies of the respondent.

Reflective Energy Solutions has no subsidiary or affiliate companies

4. Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES, and respondent's certificate numbers.

CRNGS Case No. 09-0950-GA-AGG, Certificate No. 09-166G(1).

CRES Case No. 09-0949-EL-AGG, Certificate No. 09-176E(1)

5. Identify the dates when respondent began CRNGS and CRES operations in Ohio.

CRNGS operations: November 14, 2009

CRES operations: November 14, 2009

6. Provide a list of Ohio service territories served by respondent.

All Ohio Service Territories

7. Identify respondent's website URL.

www.reflectivees.com

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

Michael D'Angelo, Esq., attorney for Reflective Energy Solutions, LLC.
134 Highwood Ave, Leonia, NJ 07605.
201-736-6247. mdangelo2001@yahoo.com

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Sections 4905.10 and 4911.18, Revised Code. 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 and electricity are deemed to occur at the meter of a retail customer.

Any competitive retail natural gas and electricity supplier that reports zero gross revenues will not be assessed.

SCHEDULE: 1

STATEMENT OF INTRASTATE GROSS SALES AND REVENUES *

<u>Natural Gas</u>	<u>Sales (Mcf)</u>	<u>Revenues (\$)</u>
Choice Program Retail Sales	0	\$0
Choice Program Aggregation Sales	0	0
Total Gas	0	\$0
 <u>Electric</u>	 <u>Sales (kWh)</u>	 <u>Gross Receipts (\$)</u>
Total Sales	0	\$0
All Other Sales	0	0
Total Electric	0	\$0
 Total Electric and Natural Gas		 \$0

* The information reported on this form should refer only to those sales / revenues / intrastate gross receipts for which certification pursuant to Sections 4929.20 or 4928.20, 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.

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE/INVOICES IS/ARE DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons

Eric Zimmerman
Name

President
Title

ericz@reflectivees.com
E-mail

One University Plaza Suite 407 Hackensack, NJ 07601
Address

(201) 880-1994
Phone Number (Including Area Code)

**Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice
should be Directed**

Eriz Zimmerman
Name

President
Title

ericz@reflectivees.com
E-mail

One University Plaza Suite 407 Hackensack, NJ 07601
Address

(201) 880-1994
Phone Number (Including Area Code)

Name and Address of the President

Eric Zimmerman, President
Name

1 University Plaza Suite 407 Hackensack, NJ 07601-6204
Address

VERIFICATION

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

OATH

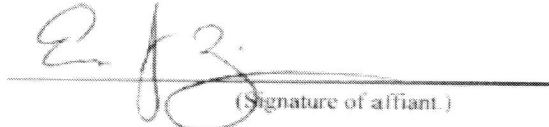
State of Florida
County of Palm Beach

makes oath and says that Eric Zimmerman

s/he is President

of Reflective Energy Solutions LLC

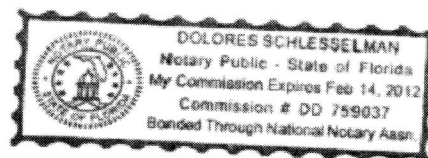
that s/he has examined the foregoing report, that to the best of her/his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2010 to and including December 31, 2010.


(Signature of affiant.)

Sworn and subscribed before me this 22nd day of April, 2011 Month/Year


Signature of notary

My commission expires on Feb 14, 2012



This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

4/27/2011 12:32:07 PM

in

Case No(s). 11-0003-GE-RPT

Summary: Annual Report Annual Report of Reflective Energy Solutions, LLC - 2010
electronically filed by Mr. Sean P Morrissey on behalf of Reflective Energy Solutions, LLC