2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Prin				Work Address	7 Bisson Road	Berlin, NH	03570	
Full Name	Henry W Noel			Work Address	7 Dissoil Road			
Primary Occ	upation Retired		e-mail	hw418noel@gmail.c	om	Work Phone	(603) 915-3039	
Name the of	ffice, position, board	or commission, board of	Northern	Northern NH Correctional Facility Advisory Board				
directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession						har was an o	officer director associate partne	
A. List below proprietor, of calendar year	ow the name, address or employee, or serv ar. Sources of retirem	s, and type of any profession and in any other profession are then efits other than feder	on, business, mal or advisc eral retirement	or other organization in whory capacity, and from whice tand/or disability benefits sho	nich you or a family many income in exce all be included. (Use ac	ess of \$10,000 w Iditional sheets a	vas derived during the preceding necessary.)	
1. no	one							
2.								
If you have	no qualifying income	indicate by writing your ir	nitials next to	the following statement.	My income	does not qualify	/	
discipline a	a licensee or permitte ffect on you or a fami	ee, or other decision by gov ily member than it would c ccupation, or business licer	on the genera	ecting the listed business, p	•		ontract, grant a license or permit, would potentially have a greater	
Ц р	profession, occupation	n, or category of business:			. Banking or financial		tate of New Hampshire, county, o	
2. He	ealth Care 3. In	4. Rea	l Estate, inclu c, developers,	diring broncis	rvices	L mun	icipal employment	
7. N Syst	I.H. Retirement	8. Current use land assessment program	d n	9. Restaurants/	beverages	stribution of alco	law	
12. A	ny business regulated es Commission		13. Horse of of gambling	or dog racing, or other legal J			5. Water Resources	
16.	Agriculture	17. N.H. Busines:	ax Ent	siness Interest a erprise Tax Dividend	s Tax	special interest		
I have read	d RSA 15-A and hereb	y swear or affirm that the f comply with the provisions	oregoing info	ormation is true and comple ter or knowingly files a false	te to the best of my kn statement shall be gui	lowledge and be lity of a misdeme	lief. RSA 15-A:9 Penalty. Any eanor.	
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Date J	anuary 4, 2022			9	/			