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

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Type or Print Clearly	· · · · · · · · · · · · · · · · · · ·	1 	
Full Name Henry W Noël	Work Address	7 Bisson Road	, Berlin NHO3570
Primary Occupation Retifiee	e-mail hw418 nocl @g	mail. com Work Pl	none 603-752-3045
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	none		
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	onal or advisory capacity, and from which	h any income in excess of \$1	0,000 was derived during the preceding
1. none			· · · · · · · · · · · · · · · · · · ·
2.	· · · · · · · · · · · · · · · · · · ·		
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not	qualify $H \omega N$
 B. Indicate below whether you or a family member has a s reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would o 1. Any profession, occupation, or business licen profession, occupation, or category of business: 	e in law, a change in administrative rule, a c rernment affecting the listed business, prof n the general public:	decision whether or not to awa fession, occupation, group, or	ard a contract, grant a license or permit,
	Estate, including brokers, 5. E developers, and landlords servi	Banking or financial	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land System assessment program		10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal fo of gambling		15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Ta	The second		ify any other area in which you have a terest
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is true and complete of this chapter or knowingly files a false st	to the best of my knowledge a atement shall be guilty of a mi	sdemeanor. RECEIVED
Date August 22, 2022	Signature of Filer	Neury W N	vel AUG 24 2022
Return to: Office of Secretary o	f State, 107 North Main Street, State House	e Room 204, Concord, NH 0330	

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