2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	nt Clearly								
Full Name	Ryan Clouthier			Work Addre	ess	40 Pine Street, Manche	ster, NH 0310	03	
Primary Occ	cupation SNHS De	puty Director	— e-mail	rclouthier@snhs.org		Wo	ork Phone	603-668-8010	
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county			Residential	Ratepayers Advisory Bo	ard				
overnment held by you. NO ACRONYMS		Energy Efficiency and Sustainable Energy Board							
roprietor, c	or employee, or se	ss, and type of any profession rved in any other profession ment benefits other than fede	nal or advisc	ory capacity, and from v	vhich:	any income in excess o	f \$10,000 w	fficer, director, associate, partner, as derived during the preceding s necessary.)	
R	yan Clouthier - Sou	hier - Southern New Hampshire Services, Inc.							
Be	eth Clouthier - Wind	dstream	<u></u>						
you have n	no qualifying incom	e indicate by writing your in	itials next to	the following statement.		My income doe:	not qualify		
nancial effe ———— – 1.	ect on you or a famil Any profession, oc	y member than it would on cupation, or business license , or category of business:	the general p	public:			or matter we	ould potentially have a greater	
2. Hea	Z. NEGILI CALE IL 3. BISQUADE II			state, including brokers, 5. Banking or final services				te of New Hampshire, county, or pal employment	
Syster	7. N.H. Retirement 8. Current use land assessment program			9. Restaurants/ lodging	Γ	10. Sale and distribut beverages	ion of alcoho	11. Practice of law	
	business regulated Commission	, II	13. Horse or of gambling	dog racing, or other lega	l form	14. Education	JT 15.V	Water Resources	
16. Ag	6. Agriculture 17, N.H. Business taxes: Profits Tax		Busin Enter	ness Interest prise Tax Dividen		18. Optional: S specia	pecify any ot al interest	ther area in which you have a	
ave read Ri erson who k	SA 15-A and hereby knowingly fails to co	r swear or affirm that the fore	egoing inform f this chapter	nation is true and compl or knowingly files a false	ete to e state	the best of my knowled ment shall be guilty of a	ge and belief misdemean	f. RSA 15-A:9 Penalty. Any or.	
Γ	nuary 8, 2021			Signature of Filer	\subset	2		KECEIVE	
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE