2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	,					
Full Name Mark Le	mieux	and the second s	Work Address	875 East Street To	ewksbury, MA 0187	6
Primary Occupation	Grocery Buyer	e-mail mlemieux	@demoulasmarke	etbasket.com	Work Phone	978-851-8000
directors, etc. or e government held by	mployment with state or county you. NO ACRONYMS	Governor's Commissior				
arabilator or ampla	me, address, and type of any professi yee, or served in any other profession ses of retirement benefits other than feder	inal or advisory capacity	v. and from Whic	n any income in e	XC622 OI 3 10,000 A	vas delived during the preceding
1. Demoulas S	uper Markets Inc.					ann aire la de aig ann a a a a a a a a a a a a a a a a a
2. The Ferrite	Company					. <u> </u>
If you have no qualify	ring income indicate by writing your ir	nitials next to the followi	ng statement.	My inço	me does not qualify	,
reportable special int discipline a licensee of financial effect on you	nether you or a family member has a species in an item on this list if a change or permittee, or other decision by gove u or a family member than it would or offession, occupation, or business licens occupation, or category of business:	in law, a change in admernment affecting the lise the general public:	inistrative rule, a c ted business, pro	ession, occupation	, group, or matter v	itiact, graint a neerise or permits
2. Health Care		Estate, including broker developers, and landlor		Banking or financia		ate of New Hampshire, county, or cipal employment
7. N.H. Retire		9. Resta		10. Sale and beverages	distribution of alco	nolic 11. Practice of law
12. Any busines Utilities Comm	ss regulated by the Public sission	13. Horse or dog racin of gambling	g, or other legal fo	14. 200		. Water Resources
16. Agricultur	e 17. N.H. Business taxes: Profits Ta		Interest ar Dividends		tional: Specify any special interest -	other area in which you have a
I have read RSA 15-A person who knowing	and hereby swear or affirm that the following fails to comply with the provisions	oregoing information is t of this chapter or knowi	rue and complete ngly files a false s	to the best of my attement shall be g	knowledge and bel uilty of a misdemen	RECEIVE
Date /a	1/23/1/	· .	/Sig	nature of Reportin	g Individual	JAN 0 3 2020

Return to: Office of Secretary of State, 107 North Main Street, State House Roam 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE