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

Type or Pri	int Clearly						
Full Name	Joseph W. Mollica		Work Address	50 Storrs Street, Conco	ord, NH 03301		
Primary Oc	cupation Chairman		e-mail joseph.mollica@liquor.nh.q	gov V	Vork Phone	603-230-7005	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		New Hampshire Liquor Commission; Department of Information Technology Committee and					
			National Alcohol Beverage Control Association, Board of Directors				
proprietor,	or employee, or sen	ved in any other profession	ion, business, or other organization in wonal or advisory capacity, and from white eral retirement and/or disability benefits sha	ch any income in excess	of \$10,000 w	as derived during the preceding	
1. 6	6 Brook Road, LLC - Restaurant Real Estate Landlord						
2.							
If you have	no qualifying income	indicate by writing your ir	nitials next to the following statement.	My income do	es not qualify		
reportable : discipline a	special interest in an licensee or permittee	item on this list if a change	pecial interest in any of the following busi in law, a change in administrative rule, a ernment affecting the listed business, pro n the general public:	decision whether or not t	o award a con	tract, grant a license or permit,	
		cupation, or business licens or category of business:	sed or certified by the State of New Hamp	shire. List each such			
	ealth Care		- 1	Banking or financial vices		ate of New Hampshire, county, or cipal employment	
⊼ 7. N Syste	I.H. Retirement tem	8. Current use land assessment program	11 11	- 10. Sale and distrib beverages	oution of alcoh	olic 11. Practice of law	
	ny business regulated es Commission	l by the Public	13. Horse or dog racing, or other legal f of gambling	orms 14. Education	n	Water Resources	
T 16. /	Agriculture	17. N.H. Business Profits Ta			Specify any ocial interest	other area in which you have a -	
I have read person who	RSA 15-A and hereby o knowingly fails to co	swear or affirm that the fo omply with the provisions	oregoing information is true and complete of this chapter or knowingly files a false s	e to the best of my knowl tatement shall be guilty o	edge and beli of a misdemea	ef. RSA 15-A:9 Penalty. Any nor. RECE	
Date	6/10/	7021	Signature of Filer	Jun 4		JUN 1 4 2021	

NEW HAIVIPSHIRE DEPARTMENT OF STATE