

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

**Type or Print Clearly**

Full Name Stephen M. Duprey Work Address Foxfire P.O. Box 1438 Concord 03301

Primary Occupation real estate e-mail sduprey@foxfirenh.com Work Phone 603 491 6080

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. Peace Development Authority  
NO ACRONYMS

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

- (see back)
- Duprey Service Company, LLC, Duprey Hospitality, LLC, Foxfire Property Management, Inc., Capital Hotel Companies I, II, III, IV, V, Duprey Center, LLC
  - Building Redevelopment, LLC, Granite Center, LLC, 7 Eagle Square, LLC


If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

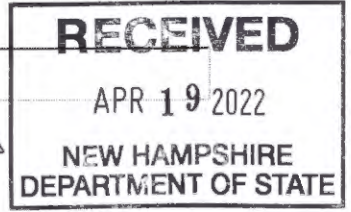
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

<input type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:					
<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input checked="" type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment	
<input type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/lodging	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law	
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission		<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources	
<input type="checkbox"/> 16. Agriculture	17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --			

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date 4.19.22

Signature of Filer 



Capital Plaza, LLC

43 Hayes North, LLC

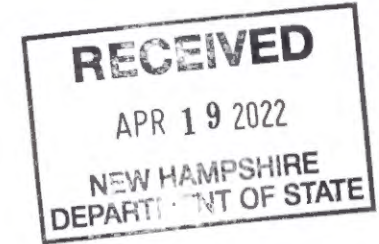
Granite Place, LLC

all can be reached / address of c/o Fortfire Property Management, Inc  
P.O. Box 1438  
Concord 03302

all entities are in the business of owning, leasing and  
managing real estate except Dupuy Hospitality LLC at  
Capital Hotel Company, I, II, III, IV, V at VI, which are  
in the hospitality business.



Statement of Financial Interests  
PEASE DEVELOPMENT AUTHORITY  
(RSA 12-G:5)



Name and address of reporting individual: Stephen Duprey  
(print)

1. Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity, and from which you derived income in excess of \$10,000 during the preceding calendar year.

- a. see attached form
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. State-Associated Debt. List all debts as required by RSA 12-G:5 (b). (See reverse side for copy of law).

- d. None
- e. \_\_\_\_\_
- f. \_\_\_\_\_

3. State-Associated Credit. List all credits as required by RSA 21-G:5 (b). (See reverse side for copy of law).

- g. I have no personal debt/credit as described in RSA 12-G:5. I
- h. am the principle of a real estate development / management company that has
- i. certain property in the State of N.H. pursuant to standard commercial leases and  
disclose such matters here to the extent these leases could be considered debts under the

Signature of Reporting Individual: [Signature] Date: 4.19.22 Starkub.

This report is for calendar year 2022