



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 155121		2. Exact name of the Corporation JUDSON GROUP, INC.			
3. Principal office address 102 Judson Street			City Raynham	State MA	Zip 02767
4. Business Phone No. 294-9274			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island to engage in the ownership and operation of radio stations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher S. Jones			Vice-President Name None		
Street Address 102 Judson Street			Street Address		
City Raynham	State MA	Zip 02767	City	State	Zip
Secretary Name Matthew M. Macolini			Treasurer Name Jeffrey C. Jones		
Street Address 31 Sconticut Neck Road			Street Address 172 Dean Street #13		
City Fairhaven	State MA	Zip 02719	City Taunton	State MA	Zip 02780
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Christopher S. Jones			Director Name		
Street Address 102 Judson Street			Street Address		
City Raynham	State MA	Zip 02767	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			102,534	Common	\$.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 FEB 25 2015
 002763

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative: *Christopher S. Jones* Date: *2/20/15*
Christopher S. Jones President
 Print or Type Name of Authorized Representative