RI SOS Filing Number: 202032982880 Date: 1/22/2020 4:00:00 PM State of Rhode Island and Providence Plantations Department of Sisiness Services Division STAMP Corporation JAN 2 2 2020 Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. BY 1. Entity ID Number 2. Exact name of the Corporation 155121 JUDSON GROUP, INC. 3. Principal Office Address City State Zip 102 Judson Street 02767 Raynham MA 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 711510 to engage in the ownership and operation of radio stations 5. State of Incorporation MA List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name None President Name Christopher S. Jones Street Address 102 Judson Street Street Address ^{City} Raynham State Žip 02767 City Zip MA Secretary Name Matthew M. Macolini Treasurer Name Jefferey C. Jones Street Address 31 Sconticut Neck Road Street Address 172 Dean Street #13 ^{City} Fairhaven State State ^{Zip}02719 City Taunton ^{Zip}02780 MA MA 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Christopher S. Jones **Director Name** Street Address 102 Judson Street Street Address City Raynham State Zip 02767 City State Zio MA Director Name Director Name Street Address Street Address City State Citv State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. 104,409 Common \$.01 Changes require an additional filing. 11. 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. 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. Name of Authorized Representative Date 1,7020 Christopher S. Jones, President Signature of Authorized Representative SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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