State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024

FILED

MAR 25 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID-Number	2. Exact name of the Corporation							- ()		
	JOURNAL	CO	MMUNICATIO	NS, INC.						
3. Principal Office Address	*		City			State	Zip			
6550 CAROTHERS	PARKWAY	PARKWAY #420			FRANKLIN			37067		
4. NAICS Code	6. Brief description	on of	the character of bus	siness conduc	ted in Rhode Island		TN	*		
513120										
5. State of Incorporation]									
TN	MAGAZINES									
7. List ALL officers (names and	Check the box to indicate an attachment									
President Name	Vice-President Name									
ROBERT C. SCHWA										
Street Address				Street Address						
6504 ARROWHEAD										
City	State	Zip		City	-	State	7			
BRENTWOOD	TN	37	027-6311					•		
Secretary Name				Treasurer Name						
CHRISTOPHER W DUDLEY										
Street Address				Street Address						
209 STECOAH COU										
City		Zip		City		State Zip		 Žio		
_CANE RIDGE	TN 37013							•		
8. List ALL directors (names and addresses) Check the box to indicate an attachment										
Director Name				Director Name						
GREGORY THURMAN				KIMBERLY HOLMBERG						
Street Address				Street Address						
3240 SOUTHALL RO	3053 CECIL LEWIS DRIVE									
City	T T	State Zip		City State				Zip		
FRANKLIN	TN	37064				TN		37067		
Director Name				Director Name						
OLIVER JORDAN MOORE										
Street Address		Street Address					-			
392 DEWAR DRIVE										
City	State	Zip		City State		State	Zip			
FRANKLIN	_TN	37	064							
B. Shares Authorized			10. Shares Issued Check the bo				to indicate	e an attachment	\top	
This information is currently of record in the				ER OF SHARES CLASS/SERIES				PAR VALUE		
Department of State.			1703	38 COMMON						
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					<u>-</u>	Da	ale 3/	12/24		
Signature of Authorized Representative CHRIS DUDLEY										

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov