



State of Rhode Island

## Department of State - Business Services Division

**FILED**

DEC 18 2020

BY

Annual Report for the year: 2020

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |             |  |                      |                    |              |
|---|-------------|--|----------------------|--------------------|--------------|
| 1. Entity ID Number<br>000488451  |             | 2. Exact name of the Limited Liability Company<br>RESONANCE LLC                                    |                      |                    |              |
| 3. NAICS Code<br>621310   |             | 4. Brief description of the character of business conducted in Rhode Island<br>COUNCILING SERVICES |                      |                    |              |
| 5. State of Formation<br>RHODE ISLAND   |             |  |                      |                    |              |
| 6. Principal Office Address<br>16 CHAPEL STREET UNIT B  |             |  | City<br>NEWPORT      | State<br>RI        | Zip<br>02840 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |             |  |                      |                    |              |
| Contact Name<br>MICHAEL J IANOLI JR   |             |  | Contact Title<br>CPA |                    |              |
| Street Address<br>16 CHAPEL STREET UNIT B   |             |  | City<br>NEWPORT      | State<br>RI        | Zip<br>02840 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |             |  |                      |                    |              |
| Manager Name<br>GRACIOUS AUDETTE  |             |  | Manager Name<br>NONE |                    |              |
| Street Address<br>40 CHANNING STREET  |             |  | Street Address       |                    |              |
| City<br>NEWPORT   | State<br>RI | Zip<br>02840   | City                 | State              | Zip          |
| Manager Name<br>NONE  |             |  | Manager Name<br>NONE |                    |              |
| Street Address  |             |  | Street Address       |                    |              |
| City  | State       | Zip  | City                 | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |             |  |                      |                    |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |             |  |                      |                    |              |
| <i>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.</i> |             |  |                      |                    |              |
| Name of Authorized Person<br>MICHAEL J IANNOLI JR CPA   |             |  |                      | Date<br>12/14/2020 |              |
| Signature of Authorized Person<br>  |             |  |                      |                    |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov