



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 313037		2. Exact name of the limited liability company ACOO Enterprises, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Consulting			
5. Principal office address 6902 East Calle de Las Estrellas		City Scottsdale	State AZ	Zip 85266	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael A. Briere		Contact Title Manager			
Street Address 6902 East Calle de Las Estrellas		City Scottsdale	State AZ	Zip 85266	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Michael A. Briere		Manager Name			
Street Address 6902 East Calle de Las Estrellas		Street Address			
City Scottsdale	State AZ	Zip 85266	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Christopher C. Cassara, Esq.		Address 180 South Main Street			
Address Partridge Snow & Hahn LLP		City Providence		Zip 02903	

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

313037

BY

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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.

Michael A. Briere 11/9/2012
Signature of Authorized Person Date

Michael A. Briere

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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