



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

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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2007

**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. <u>152346</u>		2. Exact name of the limited liability company <u>Guerra Networks, LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Online Advertising and Directory Assistance</u>			
5. Principal office address <u>780 Reservoir Ave, Ste. 295</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Gian G. Spicuzza</u>			Contact Title <u>President</u>		
Street Address <u>780 Reservoir Ave, Ste. 295</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 <u>Gian Spicuzza</u>			Address		
Address <u>780 Reservoir Ave, Ste 295</u>		City <u>Cranston, RI</u>	Zip <u>02910</u>		

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

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.

File Date 6-10-08  
Check No. 310  
By: MNC  
FOR SECRETARY OF STATE USE ONLY

[Signature] 6-7-08  
Signature of Authorized Person Date  
Gian Spicuzza  
Print or Type Name of Authorized Person