



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 135163		2. Exact name of the limited liability company Entlan Enterprises, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island buy, sell and otherwise deal in real estate	
5. Principal office address 1140 RESERVOIR AVENUE 209 Beechwood Drive		City CRANSTON	State RI
			Zip 02920-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew Kaplan		Contact Title Member	
Street Address 81 Wildwood Drive 209 Beechwood Dr		City Cranston	State RI
			Zip 02910 02921
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT, IN RHODE ISLAND: DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RICHARD S. MITTLEMAN, ESQ.		Address 56 EXCHANGE TERRACE	
Address		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 5 1 6 3

135163 DLLC 09/02/04 10:49:46 AM

File Date 9/6/05

Check No. 1093

By: DA

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person [Signature] Date 9/1/05

Andrew Kaplan, President
Print or Type Name of Authorized Person



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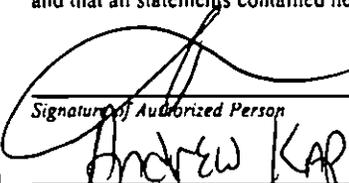
File Date 9/23/04

Check No. 1038

By: DA

FOR SECRETARY OF STATE USE ONLY

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.


Signature of Authorized Person

9/21/04
Date

Andrew Kaplan
Print or type Name of Authorized Person