



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 2011

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. 131969		2. Exact name of the limited liability company Paster Investment Group/C-Stores, LLC	
3. State of Formation MISSOURI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING INVESTMENT REAL ESTATE	
5. Principal office address		City	State
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Phillip J. Paster		Contact Title	
Street Address 138 N. Meramec Avenue		City Clayton	State MO
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"/>		Zip 63105	
Manager Name Phillip J. Paster		Manager Name	
Street Address 138 N. Meramec		Street Address	
City Clayton	State MO	City	State
Zip 63105	Zip		
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	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 PASTER & HARPOOTIAN, LTD.		Address 1000 CHAPEL VIEW BOULEVARD, SUITE 220	
Address		City CRANSTON	Zip 02920

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

131969

FILED

File Date	SEP 12 2011
Check No.	
By:	<i>[Signature]</i>
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] 8/29/11
Signature of Authorized Person Date

Phillip J. Paster

Print or Type Name of Authorized Person