



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

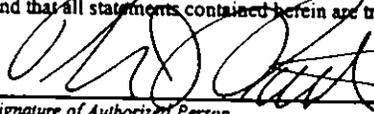
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131969		2. Exact name of the limited liability company Paster Investment Group/C-Stores, LLC	
3. State of Formation MO		4. Brief description of the character of the business which is actually conducted in Rhode Island Owning Investment Real Estate	
5. Principal office address 138 N. Meramec Avenue		City Clayton	State MO
		Zip 63105	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Phillip J. Paster		Contact Title Manager	
Street Address 138 N. Meramec Avenue		City Clayton	State MO
		Zip 63105	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT (E) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12(a), (2) 7-16-52			
Manager Name Phillip J. Paster		Manager Name	
Street Address 138 N. Meramec Avenue		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 Benjamin G. Paster		Address	
Address One Providence Washington Plaza		City Providence, RI	Zip 02903

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

File Date	9/19/05
Check No.	160
By:	AS
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 9/14/05
Date

Phillip J. Paster, Manager
Print or Type Name of Authorized Person

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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 13191A		2. Exact name of the limited liability company Paster Investment Group/C-Stores, LLC			
3. State of Formation MO		4. Brief description of the character of the business which is actually conducted in Rhode Island Owning Investment Real Estate			
5. Principal office address 138 N. Meramec Avenue		City Clayton	State MO	Zip 63105	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Phillip J. Paster			Contact Title Manager		
Street Address 138 N. Meramec Avenue		City Clayton	State MO	Zip 63105	
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 Phillip J. Paster			Manager Name		
Street Address 138 N. Meramec Avenue			Street Address		
City Clayton	State MO	Zip 63105	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 Benjamin G. Paster			Address		
Address One Providence Washington Plaza		City Providence, RI	Zip 02903		

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

File Date	SEP 13 2004
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] 9/1/04
Signature of Authorized Person Date
Phillip J. Paster
Print or Type Name of Authorized Person