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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

1. Entity ID Number	2. Exact Name of the Limited I	2. Exact Name of the Limited Liability Company		
000978256	Stupa LLC	Stupa LLC		
3. The address of the re	sident office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address 160 Lov	den Street, Apt #15			
City/Town Pawtucket		State RHODE ISLAND	^{Zip} 02860	
4. The address of the N				
Street Address (NOT a P.0	^{). Box)} 5 Fair Oaks Ct N			
City/Town Greenville		State RHODE ISLAND	^{Zip} 02828	
5. Date when this State	ment of Change of Resident Office w	ill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Up	on filing)			
Later effective dat	e (Date must be no more than 90 day	rs from the date of filing)		
Under penalty of perjur Limited Liability Compa	r, I declare and affirm that I have exa ny, and that all statements contained	mined this Statement of Char herein are true and correct.	nge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date /2 /2	
Anjan Thapa			1/22/2025	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 0 1 2025, 300 BY MAN

FORM 642A - Revised 01/2024

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 01, 2025 03:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

