



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGSD BSD
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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island:

| | | | |
|---|--|---|-------------------|
| 1. Entity ID Number 000978256 | | 2. Exact Name of the Limited Liability Company Stupa LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 160 Lowden Street, Apt #15 | | | |
| City/Town Pawtucket | | State RHODE ISLAND | Zip 02860 |
| 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 5 Fair Oaks Ct N | | | |
| City/Town Greenville | | State RHODE ISLAND | Zip 02828 |
| 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person of the Limited Liability Company Anjan Thapa | | | Date 7/22/2025 |
| Signature of Authorized Person of the Limited Liability Company <i>Anjan Thapa</i> | | | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 8
AUG 01 2025, 307
BY *M. N. A. N.*