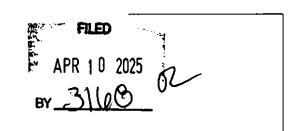
State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025 **Limited Liability Company**

- → Filing period: February 1 May 1
- > Filing Fee: \$50.00
- → Penalty. Additional \$25.00 fee if form is not filed by May 31.



1 Entity ID Number	2. Exact name of the Limited Liability Company			
001772366	DRY MONSTERS, LLC			
3 NAICS Code	4 Brief description of the character of business conducted in Rhode Island			
323100				
5 State of Formation				
RI	PACKAGING			
6 Principal Office Address		City	State	Zip
1300 DIVISION ROAD, SUITE 305		WEST WARWICK	RI	02893
7 Mailing Address of	Limited Liability Company and Name or Title	of Contact Person		
Contact Name		Contact Title		
DEVON MARSDEN		MEMBER		
Street Address		City	State	Zip
PO BOX 85		OLD SAYBROOK	CT	06475
8. The Resident Agen	t information currently of record with the RI E	Department of State is accurate. Changes	require filing Form 6	42
9 Under penalty of p	erjury, I declare and affirm that I have ex	amined this report, including any accon	npanying schedule:	s and
statements, and that	all statements contained herein are true a	and correct.		
Name of Authorized Person			Date 4-5-25	
Devon	Marden		<u> </u>	3-23
Signature of Authorize	d Rerson			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www sos ri.gov