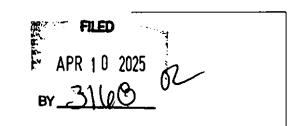
## State of Rhode Island Department of State - Business Services Division

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 Li	mited 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 Agent i	nformation currently of record with the RI E	Department of State is accurate. Changes	require filing Form 6	42
9 Under penalty of pe	rjury, I declare and affirm that I have ex	amined this report, including any accon	npanying schedule:	s and
statements, and that a	Il statements contained herein are true a	and correct.		
Name of Authorized Person  DEVOR Marsdan			Date 4-5-25	
Signature of Authorized	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