



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 1015156		2. Name of Corporation Xyloy, Inc. (f/n/a Cool Options, Inc.)			
3. Street Address Principal Business Office 179 Mountain Road, Unit 3			City Concord	State NH	Zip 03301
4. Business Phone No. (603)524-4380		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To manufacture and market electronic hardware and related products.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Philip A. Johnson			Vice President Name		
Street Address 179 Mountain Road, Unit 3			Street Address		
City Concord	State NH	Zip 03301	City	State	Zip
Secretary Name Elizabeth A. Johnson			Treasurer Name		
Street Address 179 Mountain Road, Unit 3			Street Address		
City Concord	State NH	Zip 03301	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Philip A. Johnson			Director Name		
Street Address 179 Mountain Road, Unit 3			Street Address		
City Concord	State NH	Zip 03301	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES - THIS SECTION MUST BE COMPLETED					
Number of Shares 80		Class/Series Common		Par Value None No Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____	BY _____
Check No. _____	
By: _____	
FOR SECRETARY OF STATE USE ONLY	

FILED
FEB 03 2016
8441

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

Philip A. Johnson

Print or Type Name

President

Title

Date