


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

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SECRETARY OF STATE
CORPORATE DIVISION

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2025 MAR 24 P 3:27

Annual Report for the year: 2022

Corporation

- 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 001674954		2. Exact name of the Corporation Xzilon, Inc.			
3. Principal Office Address 10 POINTE DRIVE SUITE 150			City BREA	State CA	Zip 92821
4. NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island RESALE OF AUTO PROTECTORANTS TO SUPPLIERS			
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MATTHEW WEIL			Vice-President Name MARK BALES		
Street Address 4450 WEAVER PARKWAY			Street Address 1 REYNOLDS WAY		
City WARRENVILLE	State IL	Zip 60555	City KETTERING	State OH	Zip 45430
Secretary Name PAM LUGO			Treasurer Name SHERI ROBINSON		
Street Address 6700 HOLLISTER ST			Street Address 700 HOLLISTER ST		
City HOUSTON	State TX	Zip 77040	City HOUSTON	State TX	Zip 77040
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NORMAN T. BARRAS			Director Name JAMES JACKSON		
Street Address 6700 HOLLISTER ST			Street Address 6700 HOLLISTER ST		
City HOUSTON	State TX	Zip 77040	City HOUSTON	State TX	Zip 77040
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1,000	CLASS/SERIES CNP	PAR VALUE 0.0000
11. 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. 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.					
Name of Authorized Representative MARK BALES				Date 02/25/2025	
Signature of Authorized Representative 					

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

MAR 24 2025

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FORM 630- Revised 12/2023

BY 52J32