State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS
2025 MAR -4 A 11:53

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R.I. DEPT. OF STATE
BUS SVCS DIV.
2025 MAR 24 P 3:25

Annual Report for the year: 2020
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	2. Exact name of the Corporation		
001674954	Xzilon, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
10 POINTE DRIVE SUITE 150	BREA	CA	92821
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
423120	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	Street Address	City	State	Zip
MATTHEW WEIL	4450 WEAVER PARKWAY	WARRENVILLE	IL	60555

Vice-President Name	Street Address	City	State	Zip
MARK BALES	1 REYNOLDS WAY	KETTERING	OH	45430

Secretary Name	Street Address	City	State	Zip
PAM LUGO	6700 HOLLISTER ST	HOUSTON	TX	77040

Treasurer Name	Street Address	City	State	Zip
SHERI ROBINSON	700 HOLLISTER ST	HOUSTON	TX	77040

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
NORMAN T. BARRAS	6700 HOLLISTER ST	HOUSTON	TX	77040

Director Name	Street Address	City	State	Zip
JAMES JACKSON	6700 HOLLISTER ST	HOUSTON	TX	77040

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	CNP	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	Date
MARK BALES	02/25/2025

Signature of Authorized Representative: Mark Bales

FILED

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

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BY 52J32

FORM 630- Revised: 12/2023