State of Rhode Island Department of Sta Annual Report for the year: Corporation Filing period: February 1 - N Filing Fee: \$50.00 Penalty: Additional \$25.00 fe	te - Busine: 2020 May 1		Division	RECEIVE SECRETARY O LORPOPATO 2025 MAR - 4 A	2025 BC	RECEIV	
Entity ID Number	Exact name of the Corporation				U DV	ָרָ ת	
001674954	Xzilon, Inc.				<u>ښ < ښ</u>	i - 13 -	
Principal Office Address POINTE DRIVE SUITE 150			City BREA		Stare CA	Zip 92821	
4. NAICS Code 423120 5. State of Incorporation CA	•			conducted in Rhode Isl ANTS TO SUPPL			
7. List ALL officers (names and add	resses)		·	Check the bo	x 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	^{Zıp} 60555	City KETT	ERING	State OH	Z _{ip} 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 HOUS	STON	State TX	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	^{Ζiρ} 77040	City HOUS	STON	State TX	^{Zip} 77040	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zip	
9. Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES			Check the box to indicate an attachment CLASS/SERIES PAR VALUE		

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.

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Name of Authorized Representative

Changes require an additional filing.

MARK BALES

Department of State.

FILED

Signature of Authorized Representative

MAIL TO:

Division of Business Services

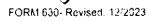
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 4 2025 3:25

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