State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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BUS SVCS DIV
2021 DEC 22 PM 4:10

1. Entity ID Number	2. Exact name of the Corporation		
001063642	The Wanderlust Group, Inc.		
3. Principal Office Address	City	State	Zip
449 Thames St, Unit 200	Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
511210	DEVELOPMENT AND IMPLEMENTATION OF A MARINE APPLICATION		
5. State of Incorporation			
Delaware			

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

President Name	Street Address	City	State	Zip
Michael Melillo	449 Thames St, Unit 200	Newport	RI	02840

Vice-President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Michael Melillo	449 Thames St, Unit 200	Newport	RI	02840

Treasurer Name	Street Address	City	State	Zip
None				

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

Director Name	Street Address	City	State	Zip
Howard Lamar	449 Thames St, Unit 200	Newport	RI	02840
Michael Melillo	449 Thames St, Unit 200	Newport	RI	02840

Director Name	Street Address	City	State	Zip
Anthony Leach	449 Thames St, Unit 200	Newport	RI	02840
Ryan McKillen	449 Thames St, Unit 200	Newport	RI	02840

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
22,163,214	CWP	$0.00001
12,971,297	PWP	$0.00001

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
Aaron Sharff	12/17/2021

Signature of Authorized Representative

FILED
DEC 22 2021
BY [signature] 4:11

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

FORM 630 - Revised: 11/2021