

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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,	JOSEPH CAREN CONFERENCE JAME				
1. Corporate ID No. 544385	2. Name of Corporation FAMILY FIRST FISHERIES, LTD.				
3. Street Address Principal Business Office 11 MEMORIAL BLVD.		City NEWPORT	State RI	<sup>Zip</sup> <b>0284</b> 0	
		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of THE ACQUISITION, OWNE	RSHIP AND MAINTE	ENANCE OF YACHTS,			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name ALEX GEORGAKAKOS			Vice President Name SCOTT RABIN		
Street Address 224 Mill Road			Street Address c/o Wear Me Apparel Inc., 31 West 34th Street		
City Westhampton Beach	State NY	<sup>Zip</sup> 11978	City New York	State NY	Zip 10001
Secretary Name JASON RABIN			Treasurer Name ARTHUR RABIN		
Street Address c/o Wear Me Apparel Inc., 31 West 34th Street			Street Address c/o Wear Me Apparel Inc., 31 West 34th Street		
City New York	State NY	<sup>Zip</sup> 10001	City New York	State NY	10001
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT.  Director Name  ALEX GEORGAKAKOS			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  ARTHUR RABIN		
Street Address 224 Mill Road			Street Address c/o Wear Me Apparel Inc., 31 West 34th Street		
City Westhampton Beach Director Name	State NY	Zip 11978	City New York Director Name	State NY	100gs ORA
Street Address			Street Address		
City	State	Zip	<i>Oty</i>	State	Zip <b>X</b> 55 5
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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.			Number of Shares	Class/Series	Par Value
			100	соммон	NO PAR
This report must be executed			ed representative. If the corpor	ration 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 perjusy, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date DEC 2 0 2012 Check No.	Signature  Alex Georgakakos  12/13/2012  Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name President  Title Form 630 Rev. 08/08