

1.) CORPORATION NAME:

kSARIA Corporation

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1851585**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	12,000,000
COMA	12,700,000
CONVP	9,000,000

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 Griffin Brook Drive

CITY/ST/ZIP: Methuen, MA 01844

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD A D'AMORE	
TITLE:	DIRECTOR	
ADDRESS:	300 Griffin Brook Drive	
CITY/ST/ZIP/CO:	Methuen, MA 01844	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HEINZ FRIDRICH	
TITLE:	DIRECTOR	
ADDRESS:	300 Griffin Brook Drive	
CITY/ST/ZIP/CO:	Methuen, MA 01844	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDRE SHARON	
TITLE:	DIRECTOR	
ADDRESS:	300 Griffin Brook Drive	
CITY/ST/ZIP/CO:	Methuen, MA 01844	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SEBASTIAN J SICARI	
TITLE:	DIRECTOR	
ADDRESS:	300 Griffin Brook Drive	
CITY/ST/ZIP/CO:	Methuen, MA 01844	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PETER SIMONE	
TITLE:	DIRECTOR	
ADDRESS:	300 Griffin Brook Drive	
CITY/ST/ZIP/CO:	Methuen, MA 01844	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Sebastian J. Sicari	
TITLE:	PRESIDENT	
ADDRESS:	300 Griffin Brook Drive	
CITY/ST/ZIP/CO:	Methuen, MA 01844	

NAME: Frank Tempesta TITLE: DIRECTOR ADDRESS: 300 Griffin Brook Drive CITY/ST/ZIP/CO: Methuen, MA 01844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael A. DiPoto TITLE: VICE PRESIDENT ADDRESS: 300 Griffin Brook Drive CITY/ST/ZIP/CO: Methuen, MA 01844	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Michael A. DiPoto TITLE: TREASURER ADDRESS: 300 Griffin Brook Drive CITY/ST/ZIP/CO: Methuen, MA 01844	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ RICHARD A D'AMORE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD A D'AMORE, DIRECTOR PRINTED NAME AND CORPORATE TITLE	4/5/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		