

1.) CORPORATION NAME:

kSARIA Corporation

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1851585**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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.

NAME: SEBASTIAN J. SICARI TITLE: 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: 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
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEBASTIAN J SICARI DIRECTOR 300 GRIFFIN BROOK DRIVE METHUEN, MA 01844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER SIMONE DIRECTOR 300 GRIFFIN BROOK DRIVE METHUEN, MA 01844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK TEMPESTA DIRECTOR 300 GRIFFIN BROOK DRIVE METHUEN, MA 01844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. Michael Stacy DIRECTOR 300 Griffin Brook Drive Methuen, MA 01844	<input type="checkbox"/> OFFICER	<input checked="" 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/ SEBASTIAN J. SICARI _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SEBASTIAN J. SICARI, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	4/9/2013 _____ 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.			