

1.) CORPORATION NAME:

**kSARIA Corporation**

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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:

**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.

<p>NAME: SEBASTIAN J. SICARI TITLE: PRESIDENT ADDRESS: 300 GRIFFIN BROOK DRIVE CITY/ST/ZIP/CO: METHUEN, MA 01844</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL A. DIPOTO TITLE: VICE PRESIDENT ADDRESS: 300 GRIFFIN BROOK DRIVE CITY/ST/ZIP/CO: METHUEN, MA 01844</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL A. DIPOTO TITLE: TREASURER ADDRESS: 300 GRIFFIN BROOK DRIVE CITY/ST/ZIP/CO: METHUEN, MA 01844</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD A D'AMORE TITLE: DIRECTOR ADDRESS: 300 GRIFFIN BROOK DRIVE CITY/ST/ZIP/CO: METHUEN, MA 01844</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HEINZ FRIDRICH TITLE: DIRECTOR ADDRESS: 300 GRIFFIN BROOK DRIVE CITY/ST/ZIP/CO: METHUEN, MA 01844</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANDRE SHARON TITLE: DIRECTOR ADDRESS: 300 GRIFFIN BROOK DRIVE CITY/ST/ZIP/CO: METHUEN, MA 01844</p>	<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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J. MICHAEL STACY TITLE: DIRECTOR ADDRESS: 300 GRIFFIN BROOK DRIVE CITY/ST/ZIP/CO: METHUEN, MA 01844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
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	4/12/2016 _____ 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.		