State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2008

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.*

1. Corporate ID No.: 76881

2. Name of Corporation: QUANTUM INTERNATIONAL GROUP, INC

3. Street Address/Principal Business Office: 12 BASSETT ST. | City: PROV. | State: RI | Zip: 02903

4. Business Phone No.: 401-273-7500

5. State of Incorporation: DELAWARE

6. Brief Description of the Character of Business Conducted in Rhode Island: FORENSIC ACCOUNTING AND LITIGATION SUPPORT TO INSURANCE AND BANKING ORGANIZATIONS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: MICHAEL F SPARFVEN	Vice President Name: NONE
Street Address: 12 BASSETT ST.	Street Address:
City: PROV. State: RI Zip: 02903	City: State: Zip:
Secretary Name: AURENDINA G VEIGA	Treasurer Name: NONE
Street Address: 12 BASSETT ST.	Street Address:
City: PROV. State: RI Zip: 02903	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: RYAN SPARFVEN	Director Name: MICHAEL SPARFVEN
Street Address: 12 BASSETT ST.	Street Address: 12 BASSETT ST.
City: PROV. State: RI Zip: 02903	City: PROV. State: RI Zip: 02903
Director Name: AURENDINA G. VEIGA	Director Name:
Street Address: 12 BASSETT ST.	Street Address:
City: PROV. State: RI Zip: 02903	City: State: Zip:

9. SHARES AUTHORIZED: 8,000 Common .010000

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE		

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.

[redacted]

FILED
OCT 21 2009
101848

File Date: _____ By: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature: _____ Date: 10-21-09

2:05 Michael Sparfven
Print or Type Name

President
Title

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 OCT 21 PM 2:05

Form 630 Rev. 08/08