



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

A. Ralph Mollis, Secretary of State
Corporations Division
143 W. River Street
Providence, RI 02904-2611
401.222.3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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(e)(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
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	City	State
Zip 02903		Zip	
Secretary Name AURENDINA G. VEIGA		Treasurer Name NONE	
Street Address 12 BASSETT ST.		Street Address	
City PROV.	State RI	City	State
Zip 02903		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	City PROV.	State RI
Zip 02903		Zip 02903	
Director Name AURENDINA G. VEIGA		Director Name	
Street Address 12 BASSETT ST.		Street Address	
City PROV.	State RI	City	State
Zip 02903		Zip	
9. SHARES AUTHORIZED 8,000 Common .010000		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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares NONE	Class/Series
			Par Value

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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 **[Signature]** Date **10-14-01**
Print or Type Name **Michael F. Sparfven**
Title **President**

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