



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 02904-2614  
401.222.3194

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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: \_\_\_\_\_

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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

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
<u>NONE</u>		

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.

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

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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] 10-19-09  
Signature Date  
MICHAEL F. SPARFVEN  
Print or Type Name  
President  
Title