



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 02904-261
401.222.3094

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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(c), 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. 2. Name of Corporation

76881 QUANTUM INTERNATIONAL GROUP, INC

3. Street Address/Principal Business Office City State Zip

12 BASSETT ST. PROV. RI 02903

4. Business Phone No. 5. State of Incorporation

401-273-7500 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 Vice President Name

MICHAEL F SPARFVEN NONE

Street Address Street Address

12 BASSETT ST.

City State Zip City State Zip

PROV. RI 02903

Secretary Name Treasurer Name

AURENDINA G. VEIGA NONE

Street Address Street Address

12 BASSETT ST.

City State Zip City State Zip

PROV. RI 02903

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

Director Name Director Name

RYAN SPARFVEN MICHAEL SPARFVEN

Street Address Street Address

12 BASSETT ST. 12 BASSETT ST.

City State Zip City State Zip

PROV. RI 02903 PROV. RI 02903

Director Name Director Name

AURENDINA G. VEIGA

Street Address Street Address

12 BASSETT ST.

City State Zip City State Zip

PROV. RI 02903

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

8,000 Common 010000

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.

File Date

Check No.

by

FOR SECRETARY OF STATE USE ONLY

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

MICHAEL F SPARFVEN 10/19/09

Print or Type Name

President

Title