STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 76881
2. Name of Corporation: Quantum International Group, Inc.
3. Street Address Principal Business Office: 2310 Pawtucket Avenue
   City: East Providence State: RI Zip: 02914
4. Business Phone No.: 401-434-2707
5. State of Incorporation: Delaware
6. SIC Code: 5744
7. Brief Description of the Character of Business Conducted in Rhode Island: Forensic Accounting and Litigation support to insurance & banking organizations

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

President Name: Michael F. Sparfven
Street Address: 42 Metacomet Avenue
City: E. Providence State: RI Zip: 02914

Vice President Name: None
Street Address:
City: State: Zip:

Secretary Name: Hollie R. Lawton
Street Address: 101 Salisbury Avenue
City: No. Kingstown, State: RI Zip: 02852

Treasurer Name: None
Street Address:
City: State: Zip:

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

Director Name: Michael F. Sparfven
Street Address: 42 Metacomet Avenue
City: E. Providence State: RI Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	Common	.010000

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

[redacted]

File Date: FILED MAY 11 4 47 PM '99
Check No.: MAY 11 1999
By: By mm 223046
FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE

[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.

Hollie R Lawton 5/11/99
Signature of Officer *Date*

Hollie R. Lawton
Print or Type Name of Officer

Secretary
Title of Officer