



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>798603</b>		2. Exact name of the Corporation <b>Tufin Software North America, Inc.</b>			
3. Principal office address <b>1776 on the Green, 67 Park place, suite 740</b>			City <b>Morristown</b>	State <b>NJ</b>	Zip <b>07960</b>
4. Business Phone No. <b>1-973-507-9990</b>			5. State of Incorporation <b>Delaware</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Market software in the field of security policy</b>					
President Name <b>Reuven Kitov</b>			Vice-President Name		
Street Address <b>5 Shoham</b>			Street Address		
City <b>Ramat Gan</b>	State <b>Israel</b>	Zip <b>5251001</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>Reuven Kitov</b>			Director Name <b>Reuven Harrison</b>		
Street Address <b>5 Shoham</b>			Street Address <b>5 Shoham</b>		
City <b>Ramat Gan</b>	State <b>Israel</b>	Zip <b>5251001</b>	City <b>Ramat Gan</b>	State <b>Israel</b>	Zip <b>5251001</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	0.001

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 CORPORATIONS DIV  
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*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.*

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]* March 4, 2014  
 Signature of Authorized Representative Date  
**Reuven Kitov**  
 Print or Type Name of Authorized Representative

Form No. 630  
 Revised: 01/2012

**FILED**

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