



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: Amended 24'
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001740728		2. Exact name of the Corporation Cybereason Inc.			
3. Principal Office Address 1250 PROSPECT STREET, SUITE O3			City LA JOLLA		State MA Zip 92037
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island SOFTWARE AS A SERVICE			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Manish Naurla			Vice-President Name Lisa Bedard		
Street Address 1250 PROSPECT STREET, SUITE O3			Street Address 1250 PROSPECT STREET, SUITE O3		
City LA JOLLA	State MA	Zip 92037	City LA JOLLA	State MA	Zip 92037
Secretary Name Gregory Puff			Treasurer Name		
Street Address 1250 PROSPECT STREET, SUITE O3			Street Address		
City LA JOLLA	State MA	Zip 92037	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Steven T. Mnuchin			Director Name Takenori Yoshida		
Street Address 1250 PROSPECT STREET, SUITE O3			Street Address 1250 PROSPECT STREET, SUITE O3		
City LA JOLLA	State MA	Zip 92037	City LA JOLLA	State MA	Zip 92037
Director Name Daniela I.loblet			Director Name Manish Naurla		
Street Address 1250 PROSPECT STREET, SUITE O3			Street Address 1250 PROSPECT STREET, SUITE O3		
City LA JOLLA	State MA	Zip 92037	City LA JOLLA	State MA	Zip 92037
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☒			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		SEE ATTACHED			
11. 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.					
Name of Authorized Representative Lisa A.L. Bedard				Date 04/15/2025	
Signature of Authorized Representative 				APR 22 2025 KS 224	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

Cybereason Inc. - Stock Information

Share Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common		\$ 0.000001	1,350,000,000	114,114,235
Preferred	Series A-1	\$ 0.001000	3,622,093	3,622,093
Preferred	Series A-2	\$ 0.001000	992,358	992,358
Preferred	Series B	\$ 0.001000	38,287,804	38,287,804
Preferred	Series C	\$ 0.001000	39,333,333	39,333,333
Preferred	Series D	\$ 0.001000	47,476,830	47,476,830
Preferred	Series E	\$ 0.001000	76,984,595	76,984,595
Preferred	Series E-2	\$ 0.001000	2,634,941	2,030,248
Preferred	Series F	\$ 0.001000	66,261,663	66,261,663
Preferred	Series G	\$ 0.001000	275,000,000	261,286,556



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 22, 2025 02:24 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

