



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JUL 24 2025

BY IB PQE
 2025 JUL 24 PM 12:15:00
 RI SOS BSSD

1. Entity ID Number 000081563		2. Exact name of the Corporation Mannatech Incorporated			
3. Principal Office Address 1410 Lakeside Parkway, Suite 200			City Flower Mound	State TX	Zip 75028
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Muliti-level marketing company that sells food supplements and skincare products.			
5. State of Incorporation Texas					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Landen Fredrick			Vice-President Name		
Street Address 1410 Lakeside Parkway, Suite 200			Street Address		
City Flower Mound	State TX	Zip 75028	City	State	Zip
Secretary Name Erin K. Barta			Treasurer Name James Clavijo-Chief Financial Officer		
Street Address 1410 Lakeside Parkway, Suite 200			Street Address 1410 Lakeside Parkway, Suite 200		
City Flower Mound	State TX	Zip 75028	City Flower Mound	State TX	Zip 75028
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000,000	Preferred	0.01	
		99,000,000	Common	0.0001	
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 James Clavijo				Date 7/24/25	
Signature of Authorized Representative 					

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