RI SOS Filing Number: 202577142570 Date: 7/24/2025 12:14:00 PM

State of Rhode Islan  Department of	d State - Busine	ss Services (	Division	FILE	D Bu	Sing Constant Span	
Annual Report for the	year: 2024			· JUL 24	2025		
Corporation			_	BY 13	Do-	() ()	
<ul> <li>→ Filing period: February</li> <li>→ Filing Fec: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>	·	filed by May 31.		<b>D1</b> 10	TOC	13.55 12.55 12.55	
1. Entity ID Number		2. Exact name of the Corporation					
000081563		Mannatech Incorporated					
3. Principal Office Address 1410 Lakeside Parkway; Suite 200			City Flower M	lound	State TX	Zip 75028	
4. NAICS Code	6. Brief descri	ption of the charact	er of business o	conducted in Rhode I	sland		
424990	multi-level	multi-level marketing business that sells food supplements and skincare					
5. State of Incorporation Texas	products.	products.					
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name Landen Fredrick			Vice-President Name				
	1410 Lakeside Parkway; Ste. 200			Street Address			
<sup>City</sup> Flower Mound	State TX	<sup>Zip</sup> 75028	City		State	Zip	
Secretary Name Erin K. Bar				Treasurer Name James Clavijo-Chief Financial Officer			
Street Address 1410 Lakeside Parkway; Ste. 200			Street Address 1410 Lakeside Parkway; Ste. 200				
City Flower Mound	State TX	<sup>Zip</sup> 75028	City Flowe	r Mound	State TX	<sup>Zip</sup> 75028	
8. List ALL directors (names a	nd addresses)		Disnetes Name		the box to ind	icate an attachment 🗷	
Director Name			Director Name				
Street Address			Street Address	S		-	
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 Issu				icate an attachment PAR VALUE	
This information is currently of record in the Department of State.			NUMBER OF SHARES				
Changes require an additional filing.		1,000,000		Preferred 0.0		0.01	
			99,000,000		Common		
11. This report must be executrustee, this report must be ex Under penalty of perjury, I d statements, and that all stat	ecuted on behalf of t leciare and affirm th ements contained f	he corporation by t pat I have examine	he receiver or tr ed this report, i	ustee.	npanying sch		
Name of Authorized Represer	ntative	rat C	res Un	avijo	Date 7/2/	125	
Signature of Authorized Repre	sentative						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.rl.gov