

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 02341444
Filing Number: 2108303608122
Filing Date/Time: 08/30/2021 11:05 AM
Effective Date/Time: 08/30/2021 11:05 AM



1. CORPORATION NAME:
CRICKET PRODUCTS, INC.

DUE DATE: 09/30/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
R CARTER SCOTT III
1802 BAYBERRY COURT STE 401
RICHMOND, VA 23226-3773

SCC ID NO.: 0234144-4

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 6,500

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
087-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 1921 ANCHOR AVENUE CITY/ST/ZIP PETERSBURG, VA 23803-0000	ADDRESS: CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: STUART A KRAMER TITLE: Vice President ADDRESS: 2300 GROVE AVENUE CITY/ST/ZIP: RICHMOND, VA 23220-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: <i>Stuart A. Kramer</i> TITLE: <i>Vice President</i> ADDRESS: <i>102 N. Mulberry St.</i> CITY/ST/ZIP: <i>Richmond, Va 23220</i>

I affirm that the information contained in this report is accurate and complete as of the date below.

[Signature]
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Glenna S. Kramer Pres/Sec/Treas 8/27/21
PRINTED NAME AND CORPORATE TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
CRICKET PRODUCTS, INC.

DUE DATE: **09/30/21**
SCC ID NO.: **0234144-4**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

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<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: GLENNA S KRAMER TITLE: PRES/SEC/TREAS ADDRESS: 20239 OAK RIVER COURT CITY/ST/ZIP: SOUTH CHESTER, VA 23803-0000</p>	<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Glenna S. Kramer</i> TITLE: <i>Pres/Sec/Treas</i> ADDRESS: <i>1921 Anchor Avenue</i> CITY/ST/ZIP: <i>Petersburg, Va 23803</i></p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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