

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

002960

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C- 66659

Person Filing

2. Name and mailing address (include ZIP Code):

Name Keith Peraino

Title CEO

Organization Creative Solutions & Visions, LLC

P.O. Box, Bldg., Room No., if any PO BOX 422812

Street

City Kissimmee

State FL ZIP Code + 4 34742

3. Any other address where records necessary to verify this report are kept:

Name Kathy Woodward

Title VP Human Resources

Organization Arett Sales

P.O. Box, Bldg., Room No., if any

Street 9285 Commerce Hwy

City Pennsauken Township

State NJ ZIP Code + 4 08110

4. Date fiscal year ends:

12 / 2015

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Kathy Woodward / VP-4R

Organization Arett Sales

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 9285 Commerce Hwy

City Pennsauken Township

State NJ ZIP Code + 4 08110

7. Date entered into:

09 / 25 / 2015

8. Name of person(s) through whom made:

Name Kathy Woodward up-4R

Name

Name

Name

Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

12/30/15

Date

732-589-1439

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Verbal Agreement

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Educating employees on their rights under the National Labor Relations Act

11.b. Period during which performed:

9-25-15 thru 10-23-15

11.c. Extent performed:

11.d. Name and address through whom performed:

Name ☐ Kathy ☐ Woodward/VP-HR

Organization ☐ Arett Sales

P.O. Box, Bldg., Room No., if any

Street ☐ 9285 Commerce Hwy

City ☐ Pennsauken Township

State ☐ NJ ZIP Code + 4 ☐ 08110

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All employees voting in election

12.b. Identify subject labor organizations:

UFCW