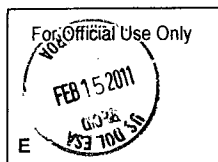


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

442888

1. File Number: C- 719

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	William F Brennan, Jr.
Title	Principal
Organization	The Stratagem Group
P.O. Box, Bldg., Room No., if any	P.O. Box 5081
Street	
City	Norwell
State	Massachusetts
ZIP Code + 4	02061
3. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	
ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:
Dec / 11	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	J. R Cheney
Organization	The Wentworth Group
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	P.O. Box 100
Street	
City	Westboro
State	Massachusetts
ZIP Code + 4	01581
7. Date entered into: 1 / 3 / 2011	
8. Name of person(s) through whom made:	
Name	J. R Cheney
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	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title Other (Specify) Principal		Title Treasurer	
On 02/03/2011	339-793-0591	On _____	_____
Date	Telephone Number	Date	Telephone Number

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.):

Hired by The Wentworth Group to provide pertinent collective bargaining information to Rhode Island School of Design.

Specific Activities to be Performed

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

a. Nature of activity:

Communicate the rights of employees to vote, or not vote, to be represented by a union.

11.b. Period during which performed:

January 2011

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Candace Baer

Organization Rhode Island School of Design

P.O. Box, Bldg., Room No., if any 3rd Floor

Street 20 Washington Place

City Providence

State Rhode Island ZIP Code + 4 02903

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:

employees of the Facilities & Manitenance
Department

12.b. Identify subject labor organizations:

NEARI