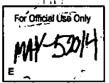
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



This report is mandatory under P.L. 88-257, 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.

1. File Number: Person Filling 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: KEITH PERATNO Name Name PRESIDENT Title Title Organization PERAINO & ASSC, DBA NATIONAL LABOR CONSUL Organization P.O. Box, Bidg., Room No., if any P.O. BOX 422812 P.O. Box, Bidg., Room No., if any Street Street City KISSIMMEE City ZIP Code + 4 34742 State Florida State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Dec Individual b. Partnership c. Corporation d 🗸 Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code); 7 Date entered into: / 01 / 2013 8. Name of person(s) through whom made: Organization RIVER GLENN HEALTH CARE CENTER Name ALBERTO LUGO Trade Name, if any Name P.O. Box, Bldg., Room No., if any 162 Street SOUTH RIVER RD Name City SOUTHBURY Name State Connecticut ZIP Code + 4 06488 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 14. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) President 3/31/2014 407 603 5135 On Date Telephone Number 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.): ORAL AGREEMENT TO EDUCATE EMPLOYEES ON NIRA.

Specific Activities to be Performed

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

CONDUCT TRAINING FOR EMPLOYEES ON THEIR RIGHTS UNDER THE NLRA. TOPICS DISCUSSED: NLRB ELECTION PROCESS, COLLECTIVE BARGAINING, AND COMPANY BENEFITS AND POLICIES

	11.b. Period during which performed: OCTOBER 2013	11.c. Extent performed: COMPLETED	
11.d. Name and address through whom performed:		Additional Name and address through whom performed, if any:	
Name		Name	
Organization PERAINO & ASSC, DBA NATIONAL LABOR CONSUL!		Organization	
P.O. Box, Bldg., Room No., if any POB 422812		P.O. Box, Bidg., Room No., if any	
l	Street	Street	
	City KISSIMMEE	City	
	State Florida ZIP Code + 4 34742	State ZIP Code + 4	
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:	
ALL EMPLOYEES			
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