

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only

OLMS DRDA

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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.

660178

1. File Number: C- 67699

Person Filing

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

Name Mark A Lema

Title Founder & CEO

Organization LAAHR CORPORATION

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

Street PO Box 385

City Hainesport

State New Jersey

ZIP Code + 4 08036

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

Name

Title

Organization Lema & Associates

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

Street PO Box 129

City Burlington

State New Jersey

ZIP Code + 4 08016

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ 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):

Name

Organization Lifetime Brands

Trade Name, if any

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

Street 1000 Stewart Ave

City Garden City,

State New York

ZIP Code + 4 11530

7. Date entered into:

11 / 15 / 2017

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

Name Jacqueline Fagan

Name

Name

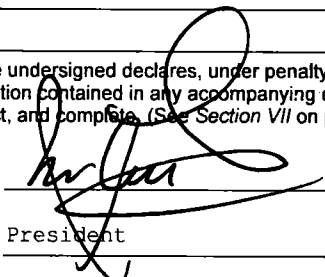
Name

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



President
(If other title, see
instructions)

Title President

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On

01-15-18
Date

609-3860-0944

Telephone Number

On

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.):

Verbal Agreement with Lifetime included a fee per day and payment of reasonable expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Retained to conduct informational and educational meetings with employees and members of the management team regarding the procedures under the NLRB secret ballot election and their rights and duties under the NLRA.

11.b. Period during which performed:

Various days starting on 11/16/17

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name B
Organization LAAHR CORPORATION

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

Street PO Box 385

City Moorestown

State New Jersey ZIP Code + 4 08036

Additional Name and address through whom performed, if any:

Name Mark Lema
Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Forklift Operators, Pick and Pack, Recieving, Mechanics, Maintanance, Inventory Control and Quality Control.

12.b. Identify subject labor organizations:

USW Local 947