

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

441023


1. File Number: C- 694

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization RoadWarrior Productions LLC P.O. Box, Bldg., Room No., if any Street 108 S. Indian Circle City Cocoa State Florida ZIP Code + 4 32922	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: 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 Organization Next Generation Vending and Food Service Trade Name, if any P.O. Box, Bldg., Room No., if any Street 5 Campanelli Circle Suite 200 City Canton State Massachusetts ZIP Code + 4 02021	7. Date entered into: 11 / 17 / 10 8. Name of person(s) through whom made: Name John DeSimeone 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 On 12/28/2010 Date 321 507 8997 Telephone Number	14. Signed _____ Title Other (Specify) On _____ Date _____ Telephone Number	Treasurer (If other title, see instructions)
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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 to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various dates beginning 11/17/10

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc

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

Street 7850 S. Elm St

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Route Driver, Warehouse Personnel, Maintenance and Vending Mechanics, Deliver Drivers, Utility Drivers.

12.b. Identify subject labor organizations:

RWDSU/UFCW