

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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.

1. File Number:

c-970

555 793

Person Filing

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

Name KEITH PERAINO

Title PRESIDENT

Organization PERAINO & ASSC. DBA NATIONAL LABOR CONSUL

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

Street

City KISSIMME

State Florida

ZIP Code + 4 34742

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:

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 THE HIGHLANDS HEALTH CARE CENTER

Trade Name, if any

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

Street 74 HIGHLAND AVE

City CHESHIRE

State Connecticut

ZIP Code + 4 06410

7. Date entered into:

10 / 01 / 2013

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

Name ALBERTO LUGO

Name

Name

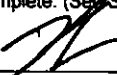
Name

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

Title

Treasurer
(If other title, see
instructions)

On 3/31/2014

Date

407 603 5135

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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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 educate employees on NLRA.

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:

Name

Organization **Peralino & Assoc, DBA National Labor Consult**

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

Street

City **Kissimmee**

State **Florida**

ZIP Code + 4 **34742**

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

12.b. Identify subject labor organizations: