

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only
MAY-52014
E

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.

555795


1. File Number: **c-770**

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	KISSIMMEE
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:	5. Type of person:
Dec / 31	a. Individual b. Partnership c. Corporation d. <input checked="" type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization	RIVER GLENN HEALTH CARE CENTER
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	162
Street	SOUTH RIVER RD
City	SOUTHBURY
State	Connecticut
ZIP Code + 4	06488
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)	14. Signed _____	Treasurer (If other title, see instructions)
Title President		Title _____	
On 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 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 PERAINO & ASSC, DBA NATIONAL LABOR CONSULTANTS

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

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: