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. 1215-0188 Expires 09-30-2011



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 CAREELINAY REFORE DREDARING THIS DEPORT

432,005	
1. File Number: C-685	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization M Rosado Management Consultants LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 96 Linwood Plaza, Suite 103	Street
City Fort Lee	City
State New Hampehire Jersey ZIP Code + 4 07024	State ZIP Code + 4
4. Date fiscal year ends: 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):	7. Date entered into: 3 / 26 / 2008
Name	8. Name of person(s) through whom made:
Organization Victoria Court Trade Name, if any	Name Ron Delfino
P.O. Box, Bldg., Room No., if any	Name
Street 55 Oaklawn Avenue	Name
City Cranston	Name
State Puerto Rico ZIP Code + 4 02920	Name
	atures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VIII on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed / Luw President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)
Title	Title
on 7/6/2010 201-655-9725	On
bate Telephone Number	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 to provide consultation and to give speeches to employees about exercising their right to organize and bargain colletively. 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:	11.c. Extent performed:
various days 3/27 thru 4/22/08	Fully Performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S Elm Place, Suite E	Street
City Broken Arrow	City
State Ohio ZIP Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
CMT's, CNA's, PCA's, Receptionists, Maintenance, Housekeeping/Laundry, Kitchen/Dietary, Activities Employees	SEIU