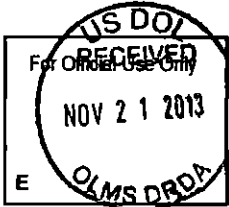


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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)

537444
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c 65671

Person Filing

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

Name Robert M Gaglione

Title Independent Consultant

Organization

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

Street 2 Westview Dr

City Westlery

State Rhode Island ZIP Code + 4 02891

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 / 12

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 Phillip Wilson

Organization LRI Consulting Services, Inc

Trade Name, if any

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

Street 7850 So Elm Place Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

7. Date entered into:

06 / 14 / 2012

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

Name James Teague

Name Phillip Wilson

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 Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title d

Treasurer
(If other title, see
instructions)

On 11/14/2013 401-640-8373

Date

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.):

Training as Labor Consultant with LRI Consulting Inc

Specific Activities to be Performed

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

a. Nature of activity:

Met with representatives from REA to learn about communication concerns between employees and employer. My status was that of trainee under Joe

Met with employees in five separate groups over the course of two days.

After introductions, Joe explained our experience and our role within the process.

He restated the need for an informed decision by employees prior to vote and the importance of clarification for a balanced campaign. Led question and answer session with employees.

11.b. Period during which performed:

June 14-15, 2012

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Susan Boyd

Organization Rea Algonquin Industries

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

Street 129 Sound view Rd

City Guilford

State Connecticut ZIP Code + 4 06437

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:

12.b. Identify subject labor organizations: