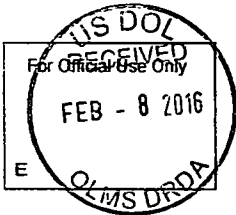


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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)

1604473
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-

Person Filing

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

Name Michael Rosado
Title President

Organization M Rosado Mgmt Consultants
P.O. Box, Bldg., Room No., if any
Street 96 LINWOOD PLAZA #103
City FORT LEE
State NJ ZIP Code + 4 07024

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 5 Quail Ct
City Englewood
State NJ ZIP Code + 4 07631

4. Date fiscal year ends:

8 / 2016

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 ERIC Dulce
Organization Chelsea Dist.
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 221 West 26th St.
City NY
State NY ZIP Code + 4 10001

7. Date entered into:

6 / 25 / 2015

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

Name
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 11 on penalties in the instructions.)

13. Signed

Title President

On

1/28/2016
Date

Telephone Number

President
(If other title, see
instructions)

14. Signed

Title Treasurer

On

Date

Telephone Number

Treasurer
(If other title, see
instructions)

Filer: M ROSADO CONSULTANTS	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 provide Consultation to employees About their
Rights to organize & bargain collectively
Terms \$187.50

Specific Activities to be Performed

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

a. Nature of activity:

provide info to employees About their
Rights to organize & bargain collectively

11.b. Period during which performed:

Various days 6/30/2016

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name

Organization

LRI

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

Street

7850 South Elm

City

Broken Arrow

State

OK

ZIP Code + 4

74013

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:

Audio, Visual, Digital
Technicians.

12.b. Identify subject labor organizations:

Theatrical Stage
Employees

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