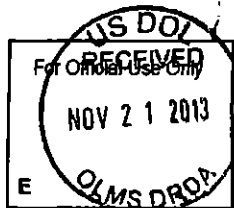


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

537871

1. File Number: C-65690

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. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> 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: