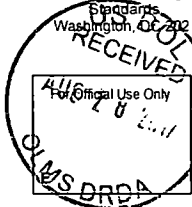


654515

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. 1245-0003  
Expires 03-31-2019



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.

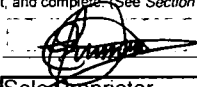
1. File Number: C- **6777559**

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):	
Name <b>Johan</b>	<b>Pena</b>
Title <b>Owner</b>	
Organization	
P.O. Box, Bldg., Room No., if any	
Street <b>14173 SW 158th Court</b>	
City <b>Miami</b>	
State <b>Florida</b>	ZIP Code + 4 <b>33196</b>
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:
<b>Dec</b> / 31	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization <b>Middle East Bakery Inc</b>	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street <b>30 International Way</b>	
City <b>Lawrence</b>	
State <b>Massachusetts</b>	ZIP Code + 4 <b>01843</b>
7. Date entered into: <b>7 / 11 / 2016</b>	
8. Name of person(s) through whom made:	
Name <b>Joseph</b> <b>Boughs</b>	
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 <b>Sole Proprietor</b>		Title	
On <b>8.8.2017</b>	Date	On	Date
Telephone Number		Telephone Number	

Filer:	File Number C- <b>67759</b>
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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 terms made through LRI Consulting Services to communicate directly with employees regarding their rights under NLRA.

**Specific Activities to be Performed**

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

a. Nature of activity:

Engage employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Various days beginning ~~5-20-17~~ **7-11-16**

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Phil Wilson  
 Organization LRI Consulting Services Inc  
 P.O. Box, Bldg., Room No., if any  
 Street 7850 W Elm Place, Suite E  
 City Broken Arrow  
 State **Oklahoma** ZIP Code + 4 74011

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:

Various employees

12.b. Identify subject labor organizations:

United Food and Commercial Workers