

AGREEMENT AND ACTIVITIES REPORT

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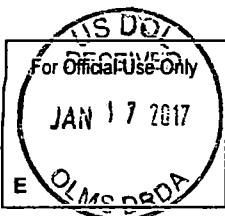
Renumber Pages

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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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



633209

1. File Number: C 685

Person Filing

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

Name Michael Rosado

Title President

Organization MRosadoconsultants

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

Street 5 Quail Ct

City Englewood

State New Jersey ZIP Code + 4 07631

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:

Aug / 16

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 Gargiulio

Organization Gargiulo Produce

Trade Name, if any Owner

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

Street 535 Sweetland Ave

City Hillside

State New Jersey ZIP Code + 4 07205

7. Date entered into:

5/19/16

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 not Ready To Sign s in the instructions.)

13. Signed

Title

President
(If other title, see instructions)

14. Signed

Title

Treasurer
(If other title, see instructions)

Stamp

Delete On

Date

Telephone Number

Clear Signatures

On

Date

Telephone Number

Filer:

File Number C- 685

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 information to employee about their right to organize and bargain collectively

Terms \$187.50

Specific Activities to be Performed

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

TEST PG CNT

- a. Nature of activity:
give speeches and consultation to employees about their rights to organize and bargain collectively

11.b. Period during which performed:

5/19/2016

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 Place

City Broken Arrow

State Oklahoma

ZIP Code + 4

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:

Drivers and Warehouse 137 employees

12.b. Identify subject labor organizations:

UFCW