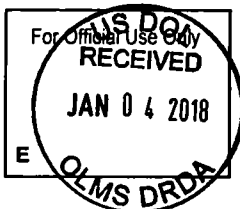


# FORM LM-20

## 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

659467

1. File Number: C- 67565

### Person Filing

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

Name Katie Lev

Title President

Organization Lev Labor LLC

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

Street 21 Pleasant Street

City Hudson

State MA ZIP Code + 4 01749

#### 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 / 31

#### 5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

### Nature of Agreement or Arrangement

#### 6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Greenwich Woods Rehabilitation LLC

Trade Name, if any

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

Street 1165 King Street

City Greenwich

State CT ZIP Code + 4 06831

#### 7. Date entered into:

10 / 26 / 2017

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

Name Moshe Bernstein

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)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

On

12/29/2017

Date

617-686-5775

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.):

Verbal agreement made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.

**Specific Activities to be Performed**

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 10/26/17

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Phillip B Wilson  
 Organization LRI Consulting Services, Inc.  
 P.O. Box, Bldg., Room No., if any  
 Street 7850 South 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:

All full-time, part-time and per diem LPNs employed at the above address

12.b. Identify subject labor organizations:

New England Health Care Employees (SEIU)