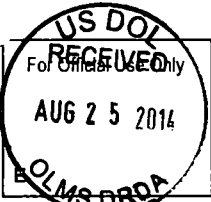


FORM LM-20

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.

560670

1. File Number: C- 66103

Person Filing

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

Name Ricky TORRES

Title CONSULTANT

Organization

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

Street 670 Post Road Suite 310

City SCARSDALE

State NY ZIP Code + 4 10583

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:

12 / 14

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 MANHATTAN CABINETRY

Organization

Trade Name, if any A1 MANHATTAN CUST FURN.

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

Street 9-03 44 RD

City LONG ISLAND CITY

State NY ZIP Code + 4 11101

7. Date entered into:

5 / 30 / 14

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 VII on penalties in the instructions.)

13. Signed

President
(If other title, see instructions)

Title President CONSULTANT

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On

7/31/14

Date

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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.):

CONSULTANT HIRED TO DISCUSS UNION MEMBERSHIP AND WHAT IT MEANS TO THE EMPLOYEE AND TO EXPLAIN THE RIGHT OF FREE CHOICE TO THE EMPLOYEES AS WELL AS THEIR RIGHT TO DISCUSS ANY AND ALL OF THEIR CONCERNS TO THE EMPLOYER DIRECTLY AFTER AN ELECTION. GENERAL DISCUSSIONS WITH EMPLOYEES.

Specific Activities to be Performed

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

a. Nature of activity:

THE GENERAL NATURE WAS TO PERSUADE THE EMPLOYEES TO VOTE NO ON A REPRESENTATION ELECTION

11.b. Period during which performed:

MAY 2014

11.c. Extent performed:

VISIT

11.d. Name and address through whom performed:

Name MANHATTAN CABINETRY

Organization

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

Street 9-03 44 RD

City LONG ISLAND CITY

State NY ZIP Code + 4 11101

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:

PRESENT EMPLOYEES

12.b. Identify subject labor organizations:

Coun. of Carpenter's Union