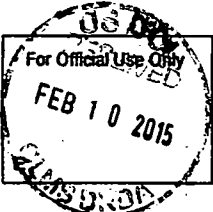


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

576785



This report is mandatory under P.L. 88-257, 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-695

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Michael Rosado</u> Title <u>President</u> Organization <u>M Rosado Consultants, LLC</u> P.O. Box, Bldg., Room No., if any Street <u>96 LINWOOD PLAZA, Suite 103</u> City <u>FORT LEE</u> State <u>NJ</u> ZIP Code + 4 <u>07024</u>	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: <u>8 / 2014</u>	5. Type of person: a <input type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input checked="" 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 <u>INN AT</u> Organization <u>NEW HYDE PARK</u> Trade Name, if any <u>NEIL BROGAN, CFO</u> P.O. Box, Bldg., Room No., if any Street <u>214 Jericho Turnpike</u> City <u>NEW HYDE PARK N.Y</u> State <u>N.Y</u> ZIP Code + 4	7. Date entered into: <u>3/14/2014</u> 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 VI on penalties in the instructions.)

13. Signed <u>[Signature]</u> President (if other title, see instructions) Title <u>President</u>	14. Signed _____ Treasurer (if other title, see instructions) Title <u>Treasurer</u>
On <u>1/30/15</u> Date <u>201-655-9725</u> Telephone Number	On _____ Date _____ Telephone Number

Filer: M ROSADO CONSULTANTS	File Number C-
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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 agreement provide consultation to employees about their rights to organize & bargain collectively

~~\$18.75~~ per hour
\$18.50

Specific Activities to be Performed

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

- a. Nature of activity: provide info to employees about their rights to self organize & bargain collectively.

11.b. Period during which performed:

3/14/2014

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name **LRI**

Organization

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

Street

City

State

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:

120 Employee
75% PART TIME
25% Full Time
CATERING / Food
MAINTENANCE
Kitchen

12.b. Identify subject labor organizations:

LOCAL 1102
RWD / UFCW