

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

For Official Use Only

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.

555792


1. File Number: C-770

Person Filing	
2. Name and mailing address (include ZIP Code): Name KEITH PERAINO Title president Organization PERAINO & ASSC. DBA NATIONAL LABOR CONSUL P.O. Box, Bldg., Room No., if any P.O. BOX 422812 Street City KISSIMME State Florida ZIP Code + 4 34742	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. <input checked="" type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization GOLDEN HILL HEALTH CARE CENTER Trade Name, if any P.O. Box, Bldg., Room No., if any 2028 Street BRIDGEPORT AVE City MILFORD State Connecticut ZIP Code + 4 06460	7. Date entered into: 10 / 01 / 2013 8. Name of person(s) through whom made: Name ALBERTO LUGO 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 President		Title _____	
On 3/31/2014	407 603 5135	On _____	
Date	Telephone Number	Date	Telephone Number

Filer:	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.):

ORAL AGREEMENT TO EDUCATE EMPLOYEES ON NLRA.

Specific Activities to be Performed

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

a. Nature of activity:

CONDUCT TRAINING FOR EMPLOYEES ON THEIR RIGHTS UNDER THE NLRA. TOPICS DISCUSSED NLRB ELECTION PROCESS, COLLECTIVE BARGAINING AND COMPANY BENEFITS AND POLICIES.

11.b. Period during which performed: OCTOBER 2013	11.c. Extent performed: COMPLETED
11.d. Name and address through whom performed: Name Organization PERAINO & ASSC, DBA NATIONAL LABOR CONSUL' P.O. Box, Bldg., Room No., if any Street P.O.BOX 422812 City KISSIMMEE State Florida ZIP Code + 4 34742	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 EMPLOYEES	12.b. Identify subject labor organizations: