FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE					
					1-RC-25895	4	Filed 4/9/20		
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of convice showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
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THE REAL PRIME PRIME OF A	DTICICATION	- DEDDEGENITAT	IVE - A CUD	stantial number (of employees wish to	o be represente	ed for purposes of collective		
 PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner do requests that the National Labor Relational Labor Relation 	A set to be send	ified as representation	ive of the er	rity pursuant to	Section 9 of the Na	ational Labor	Relations Act.		
2a. Name of Employer	uons Board pro	1 2b A	ddress(es)	of Establishmeni	s) myowed (Street a	and number, u	ly, State, an Couc)		
Fox Hill Center		1253	B Hartfor	d Turnpike,	Vernon Rocky	ville, CT 06	066		
3a. Employer Representative – Name and Title					2b - state same)				
Stephanie Vitko-Aniolek, Admin	nistrator		SAME						
3c, Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Ad			
(860)875-0771	Carl State State State		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	(860)870-2941		stephanie.aniolek@genesishcc.com			
4a. Type of Establishment (Factory, mine, V	wholesaler etc.)	wholesaler, etc.) 4b. Principal proc				5a. City and State where unit is located:			
Aa. Type of Establishment (Pactory, mine, V Nursing Home	Health Care						n,Rockville		
5b. Description of Unit Involved		I tould					6a. No. of Employees in Unit;		
			diam 13	conced D	ractical Nur	205	27		
Included: All full time, regula	ar part tim	he and per o	alem LI	icensed Pl	actical Nurs	585.	6b. Do a substantial number (30%		
							or more) of the employees in the unit wish to be represented by the		
Excluded: All other employees, all	l professiona	employees, a	all guards	and supervis	sors as defined	in the act.	Petitioner? Yes No		
F .7			tellue wat a		Apr 2020 -	nd Employer de			
Check One: 7a. Request for re	ecognition as Ba	argaining Represent	ative was m		LADEZUZU ar	a Employer de	eclined recognition on or about		
9 Apr 2020 [Date] (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.									
7b. Petitioner is C 8a. Name of Recognized or Certified Bar	currently recogni	zed as bargaining h	represental	8b. Address	orthogran under th	0 /100			
8a. Name of Recognized or Certified Bar NONE	gaining Agent	in none, so statej.		OD: Floar evo					
	8d Cell No		Be. Fax	No.		8f. E-Mail Ad	ldress		
8c. Tel No.	8d Cell No.		10.0525-2695						
8c. Tel No.	8d Cell No.		10.0525-2695	No. of Recognition or	Certification	8i, Expiration	Date of Current or Most Recent		
8c. Tel No.	8d Cell No.		10.0525-2695		Certification	8i, Expiration			
8c. Tel No. 8g. Affiliation, if any			8h. Date	of Recognition or		8i. Expiration Contract, if a	n Date of Current or Most Recent any (Month, Day, Year)		
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Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATE		DO NOT WRITE IN THIS SPACE							
NATIONAL LABOR RELATIONS BOARD			Case No.	Case No. Date Filed					
RC PETITION			01-RC-2592						
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
with the NLRB and should not be served on the employer or any other party.									
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to	be represented	d for purposes of collective			
bargaining by Petitioner and Petitioner d	esires to be certifi	ied as representa iv	e of the employees. The	Petitioner alleges th	at the followin	g circumstances exist and			
requests that the National Labor Rela 2a. Name of Employer	tions Board proc								
Curaleaf Hanover	20	01 Washington St Unit B	s(es) of Establishment(s) involved (Street and number, city, State, ZIP code) /ashington St Unit B						
3a. Employer Representative – Name and	d Title	M	A Hanover 02339-1646 3b. Address (If same as	2b – state same)					
Joseph Lusardi			301 Edgewater Pla MA Wakefield 018						
3c. Tel. No.	3d. Cell No.		3e. Fax No.						
(781) 451-0148						jlusardi@curaleaf.com			
4a. Type of Establishment (Factory, mine, w	wholesaler, etc)	4b. Principal proc	duct or service	,	5a. City	and State where unit is located:			
Retail (Drugs)			Medical cannabis	0		Hanover, MA			
5b. Description of Unit Involved		•				6a. No. of Employees in Unit:			
Included: See Attached Page 2 for additio	nal details					19			
						6b. Do a substantial number (30% or more) of the employees in the			
Excluded: See Attached Page 2 for additio	nal details					unit wish to be represented by the			
						Petitioner? Yes [🗹 No [🗋]			
Check One: 7a. Request for re	ecognition as Barg	aining Representa	tive was made on (Date) 0	4/17/2020 an	d Employer dec	lined recognition on or about			
	(Date)	(If no reply received	d, so state). No reply recei	ved					
			epresentative and desires	certification under the	Act.				
8a. Name of Recognized or Certified Bar	gaining Agent (I	f none, so state).	8b. Address						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress			
					· · · · ·				
8g. Affiliation, if any			8h. Date of Recognition or	the of Recognition or Certification 8i. Expiration Date of Current or Most Recontract, if any (Month, Day, Year)					
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?									
					ipioyees are pa				
(Name of labor organization)			eted the Employer since (I						
 Organizations or individuals other than known to have a representative interest in a 					resentatives and	d other organizations and individuals			
2.5				20					
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
				IUE. Fax NU.		TOI. E-Mail Address			
11. Election Details: If the NLRB conducts an election in this matter, state your posi any such election.			r position with respect to	11a. Election Type: 📃 Manual 🔽 Mail 📃 Mixed Manual/Mail					
11b. Election Date(s): 11c. Election Time(s):				11d. Election Locat	ion(s):				
May 1, 2020 10a				Mail Ballot for the e	mployees at Cu	raleaf's Hanover location			
12a. Full Name of Petitioner (including local name and number) Megan Carvalho United Food and Commercial Workers Union Local 328				12b. Address (street and number, city, state, and ZIP code) 278 Silver Spring St RI Providence U2904-					
12c. Full name of national or international la United Food and Commercial Workers Intern	abor organization	of which Petitioner	is an affiliate or cons ituen	t (if none, so state)					
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ag	ddress			
(401) 834-9089	(401) 834-9089	a (2003) Dia	(401) 331-7965		megan@ufcw3	328.org			
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.									
13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)									
Marc Gursky Attorney Gursky Weins Attorneys at Law LTD			1120 Ten Rod Rd Suite C207 RI North Kingstown 02852-						
13c. Tel No. 13d. Cell No. (401) 590 3402			13e. Fax No. (401) 294-4702						
(401) 294-4700 (401) 580-3402 (401) 294-4702 mgursky@niabonaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. mgursky@niabonaw.com									
Name (Print) Signature Title Date									
			Director of Organizing						
WILLFUL FALSE STATEME		TITION CAN BE F	2	IMPRISONMENT (U	S CODE TITI	E 18. SECTION 1001)			

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Case 01-RC-259277

Date Filed 04-20-2020

Employees Included

Attachment

All regular full time and part time employees at the employer's Hanover location, including Marketing Coordinator, Team Leads, Dispensing Agents, Packagers, Admissions Associate

Employees Excluded

Dispensary Manager, Assistant Dispensary Manager, Security Guards, all others as defined in the Act