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	S GOVERNMENT		DO NO	T WRITE IN TH	and a second	
	RELATIONS BOARD	Case No.		Dala		
	TITION	0IRC_	257215		-2-20	
INSTRUCTIONS: Unless e-Filed us in which the employer concerned of service showing service on the (Form NLRB-505); end (3) Descrip with the NLRB and should not be	is located. The petition mus employer and all other parts tion of Representation Case served on the employer or a	st be accompanied by ies named in the patiti Procedures (Form NL py other party.	both a showing on of: (1) the pet RB 4812). The s	of interest (se ition; (2) Stat showing of in	e 6b below) and a certificate ement of Position form terest should only be filed	
1. PURPOSE OF THIS PETITION: RC-CE bargeining by Petitionar and Petitionar or requests that the National Labor Rela	lesires to be certified as representa	tive of the employees. The	Petitioner alleges t	hat the followin	g circumstances exist and	
2a. Name of Employer VNA OF CARE NEW ENGLAND	26.4 51 H	Address(es) of Establishmer fealth Lane, Warwick,	it(s) involved (Street , RI 02886	and number, clb	y, Slate, ZIP code)	
3a. Employer Representative – Name an Jennifer Lee	g Title	3b. Address (if seme a SAME	s 2b – slale same)	dependence of the second		
3c. Tel. No.     3d. Cell No.     Se. Fax No.     3f. E-Mail Address       401-737-7050     401-732-6201     jlee@vnacarenewengland.org						
4a. Type of Establishment (Factory, mine, ) Home Health	wholesaler, etc.) 4b. Principal pr Health Care	roduct or service			and Slate where unit is tocated: a locations in Rhode Isand	
5b. Description of Unit Involved					Se. No. of Employees In Unit:	
Included: All full-time, regularly sche Assistants and Certified O Excluded: An olter employees including Reg the Act.	ccupational Therapy Assistants	3.			16 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes  No	
2/28/20 7b Petitioner is c	urrently recognized as Bargaining I	red, so state). Representative and desires			Aned recognition on or about	
8a. Name of Recognized or Certified Bar NONE	gaining Agent (if none, so state).	8b. Address				
8c. Tel No.	8d Cell No.	Be. Fax No.		ef. E-Mail Add	7835	
6g. Affidation, if any		Sh. Date of Recognilion o	r Cerlification		Date of Current or Most Recent y (Month, Day, Year)	
9. Is there now a strike or picketing at the E (Name of labor organization)		d? NO If so, approx	And the state of t	mployees are pa	rticlpaling?	
10. Organizations or individuals other than known to have a representative interest in a	Pelitioner and those named in item	s 6 and 9, which have claim	ed recognition as rep	presentalives and	d other organizations and individuals	
10a. Nama	10b. Address	··· • • • • • •	10c. Tel. No.		10d. Cell No.	
None		÷	10e. Fax No.		107. E-Mall Address	
11. Election Datalis: If the NLRB conducts any such election.	an election in this matter, stale yo	our position with respect to	11a. Election Type	Manual	Mall Mixed Manual/Mail	
11b. Election Date(s): Thursday, March 12th ,2020	110. Election Time(a): 6:00 am - 8:00 am and	4:30 pm - 5:45 pm	11d. Election Loca WARWICK OFFIC	llon(s): E - 61 Health I	ane, Warwlok , RI 02886	
12e. Full Name of Petitioner (including to NEW ENGLAND HEALTHCARE EMPLO	ocal name and number)			et and number,	city, state. and ZIP code)	
12c. Full name of national or international is Service Employees International Union	-		1 (if none, so state)			
12d. Tel No. (860)251-6036	12e. Cell No. 973-985-4313	12/. Fax No. 401-457-5099		12g. E-Mail Ac earacena@se		
13. Representative of the Petilloner who 13a. Name and Tille Edgar Arace	will accept service of all papers i ena, Vice President	13b. Address (street and 77 Huyshops, Ave., 1st FL, 1	d number, city, state,			
13c. Tel No. (860)261-6053	13d. Cell No. (973) 985-4313	138. Fax No. 401-457-5099	AN ADDRESS FOR	131, E-Mail Ad earacena@sel		
I declare that I have read the above pellt			ledge and belief.			
Edgar Aracena	anetore 1	Vice President		Date 2/28/20		
WILLFUL FALSE STATEME	NTS ON THIS BELITION CAN BE		IMPRIBONMENT (U	.8. CODE, TITL	E 18, BECTION 1001)	
Solicitation of the information on this form is at		IVACY ACT STATEMENT Ions Act (NLRA), 29 U.S.C. 6	151 et seg. The princi	ipal use of the info	mailon is to assist the National Labor	

Solicitation of the information on this form is authorized by the Mational Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation appreciated proceedings or illigation. 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. FORM NLR8-502 (RC) (4-15) 1 11

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE								
NATIONAL LABOR RELATIONS BOARD Case No. Date Flied								
		in the second se		01_RC-			2-20	
INSTRUCTIONS: Unless e-Filed in which the employer concern of service showing service on ( (Form NLRB-505); and (3) Desc	ed is located. Ti he employer and ription of Repres	he petition musi d all other partie sentation Case i	t be acco s named Procedu	ompanied by d in the patiti res (Form NL	both a showing ( on of: (1) the peti	of Interest (se ition; (2) State	e 6b below) and a certificate ement of Position form	
with the NLRB and should not it 1. PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	-CERTIFICATION C	F REPRESENTAT	IVE - A su	balantial number	Petitionar alleges t	hat the followin	o circumstances exist and	
requests that the National Labor F 2s. Name of Employer VNA OF CARE NEW ENGLAN	*	2b. Ac	tdress(es)	of Establishmen ne, Warwick,	il(s) involved (Street	and number, city	(, State, Z/P code)	
Sa. Employer Representative - Name and Tille     3b, Address (If same as 2b - state same)       Jennifer Lee     SAME								
3c. Tel. No.         3d. Cell No.         3e, Fax No.         3f. E-Mail Address           401-737-7050         401-732-6201         Jiee@vnacarenewengland.org								
4e. Type of Establishment (Factory, mine, wholeseler, etc.)       4b. Principal product or service       5e. City and State where unit is located:         Home Health       Health Care       Multiple locations in Rhode Isand								
6b. Description of Unit Involved							6a. No. of Employees in Unit:	
Included: All full-lime, regularly sch Occupational Therapists, Excluded: All other employees including	Speech Language	Pathologists/Spec	och Thera	plats, Social W	orkers and Register	ed Dielicians.	39 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes √ No	
2/28/2		(If no reply receive	d, so slate	<i>)</i> .	certification under the		lined recognition on or about	
Ba. Name of Recognized or Certified				8b. Address				
8c. Tel No.	8d Cell No.		6e. Fax	No.		8f. E-Mall Add	/636	
8g. Affiliation, if any		2	8h. Dale (	of Recognillon o	r Certification		Date of Current or Mosl Recent y (Month, Day, Year)	
9. Is there now a strike or picketing at the (Name of labor organization)	e Employer's establ			A CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWNE	imalely how many er Mon(h, Day, Year)	npioyees are pa	rticipating?	
10. Organizations or individuals other th known to have a representative interest	an Pelitioner and the In any employees in	ose named in lieme	8 and 9, w	hich have claim	ed recognition as rep	resentatives and	f other organizations and individuals	
10a. Name	10b. Ac	ldress			10c. Tel. No.	aamida () () () () () () () () () () () () ()	10d. Call No.	
None	·				10ę. Fax No.		10f. E-Mail Address	
<ol> <li>Election Dstails: If the NLRB cond any such election.</li> </ol>		- 19 - 61 -	r position v	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): Thursday, March 12th ,2020	6:00 a	Election Time(a): m - 8:00 am and 4:	:30 pm - 5	:45 pm		E-51 Health L	ane, Warwick , RI 02686	
12a. Full Name of Patitioner (Includin NEW ENGLAND HEALTHCARE EMP	LOYEES UNION D	ISTRICT 1199			319 Broadway, Pro		hity. state, and ZIP code) 1909	
12c. Full name of national or internation Service Employees International Union	ai labor organization )	of which Petitioner	la en affilia	ale or constituen	(if none, so state)		2	
12d. Tel No. (860)251-6036	12e. Cell No. 973-985-4313		12f. Fax 401-457			12g. E-Mail Ad earacena@cel		
13. Representative of the Petitioner w			r purpose	as of the repres	entation proceeding	3.		
	13a. Name and Title Edgar Aracena, Vice President 13b. Address (street and number, city, state, and ZIP code) 77 Huyshope, Ave., 1at FL, Hartford, CT 06106							
13c. Tel No. (860)251-6053	13d. Cell No. (973) 985-4313		138. Fax 401-457	-5099		13f. E-Mail Add earacena@sei	No. 1 No. and Anna an	
I declare that I have read the above p	stition and that the	statements are tru	ie to the b	est of my know	tedge and bellef.		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Name (Print) Edgar Aracena	Signature	1	Title Vice Pre	sident		Date 2/28/20		
WILLFUL FALSE STATE	MENTS ON THIS P		UNISHED	BY FINE AND	IMPRISONMENT (U		E 18, SECTION 1901)	
	0 11	PRIV	ACY ACT	STATEMENT				

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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 itigation. 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.

				1 .		•		•			
FORM NLRB-502 (RC)		ED STATES OF				DO NOT	WRITE IN THIS	SPACE			
(2-18)	NATIONA	RC PETITIC			Case No. 01-RC-	-257349	)	Date Filed March 3	3, 20		
INSTRUCTIONS: Unless e-File employer concerned is located the employer and all other pan Case Procedures (Form NLRB 1. PURPOSE OF THIS PETITIO harmshing by Relifinger and B	4812). The stand in 4812). The st	the petition of: ( howing of interes	panied by both 1) the petition; t should only to PRESENTATIV	a showing of intere (2) Statement of Pos be filed with the NLR E - A substantial num	st (see 6b below) sition form (Form B and should not	and e certific NLRB-505); be served of	cate of service si and (3) Description in the employer of	nowing service o on of Representa r any other party	n stion r.		
requests that the National L 2a. Name of Employer: Element South Windson	abor Relation	s Board proceed	2b. Address(e:	er authority pursuar s) of Establishment(s)	it to Section 9 of t involved (Street an	Velocity of the National Labor Relations Act. Velocity of the National					
3a. Employer Representative - 1 Joyce Ryan, Human Re	Name and Title SOURCES M	anager .	3b. Address (ii) Same	f same as 2b - state s	ame):	, ay 1.4	*	• .			
3c. Tel. No. 1-888-786-7555	3d. Cell N 1-860-2	o. 266-8538	3e. Fa Unk	nown		il Address ryan@ele	ement.com		-		
ta. Type of Establishment (Factor Testing Facility	ry, mine, whole	əsələr, etc.)	4b. Pr Non	Incipal Product or Ser -destructive tes	vice	5a. City South	and State where un Windsor, (	init is located:	-		
5b. Description of Unit Involved included: Processor Levels I, II an		editors, Secr	etarys/adm	in asst., Inspec	tors, Quality		ber of Employees				
Excluded: All others				т. т.		of the	substantial numb employees in the sented by the Pet	unit wish to be			
http://www.analysian.com/analy	currently recog	(If n gnized as Bargaini	o reply received ing Representat			and Employe	x Src-US 62	tion	)		
c. Tel. No.	8d. Cell No	<b>)</b> .	8e. Fa	x No.	8f. E-Ma	il Address			_		
g. Affiliation, if any:			8h. Date	of Recognition or Cer			Current or Most y (Month, Day, Ye	·			
. Is there now a strike or picketing	g at the Emplo	yer's establishmer	nt(s) involved?]	No Ifso, ap	proximately how m				_		
(Name of Labor Organization) D. Organizations or individuals of	her than Petitik	oner and those na	med in items 8 a	and 9, which have cla	med recognition as	itetnesentet	over since (Month,	Day, Year)			
individuals known to have a rep lone	presentative in	iterest in any empl	oyees in the uni	it described in item 5t	above. (If none, s	o stata)		ine diolo ene			
Da. Name		10b. Address			10c. Tel.	No.	10d. Cell No.				
					10e. Fax	No.	10f. E-Mail Add	ress			
I. Election Details: If the NLRB	conducts and	election in this ma 11c. Election Tim		osition with respect to		X Manu	ual 🗌 Mail 📘	] Mixed Manual/	Mail		
Aarch 24, 2020		5:30 AM-8:	30 AM and	2:00 PM-5:00	PM Confei	tion Location	m .				
2a. Full Name of Petitioner (incl iternational Association Vorkers, District Lodge	n of Mach 26, AFL-	inists and Ae ClO		300 Saybro	reet and number, c ok Road, Hig	ganum, C	(ZIP code): CT 06441				
c. Full name of national or intern international Association	ational labor on of Mach	rganization of whit inists and Ac	ch Petitioner Is a rospace W	an affiliate or constitut orkers, AFL-C	ant <i>(if none, so stat</i> O	e):					
d. Tel. No. 50-752-9480	12e. Cell N 860-752	2-9480		554-5279		ail Address , (b) (7)(	C)	-			
. Representative of the Petition a. Name and Title:			13b. Ac	idress (street and nur	mber, city, State an	d ZIP code):					
icholas A. Scotto, Special	I Represent	tative	26 Cc	ourt St, Ste 1710,	DIOOKIYII, N I	+					
icholas A. Scotto, Specia c. Tel. No. 29) 226-1724 leclare that I have read the abo	13d. Cell N (631) 21	°. 19-4116	13e. Fa (646)	No. 902-5720	13f. E-Me nscotto	Address @iamaw	v.org		_		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 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 lifigation. 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 turther explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

			-				
UNITED STAT	ES GOVERNMENT			DO NOT	WRITE IN TH	IS SPACE	
NATIONAL LABOR RELATIONS BOARDCase No.01-RC-257363Date Filed 3-3-20							
INSTRUCTIONS: Unless e-Filed u		v's website ww	w nlrh gov submit a	on original of this	Petition to a	an NI RB office in the Region	
in which the employer concerned							
of service showing service on th							
(Form NLRB-505); and (3) Descri				RB 4812). The sh	owing of in	terest should only be filed	
with the NLRB and should not be	e served on the	employer or any	other party.				
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be certif	ied as representa ive	e of the employees. The	Petitioner alleges that	at the followin	ng circumstances exist and	
2a. Name of Employer			ress(es) of Establishment				
First Transit		100	Exeter Rd. Exeter 02822-				
3a. Employer Representative – Name a	nd Title		3b. Address (If same as	s 2b – state same)			
Travis Mills			1 Peter Pan Way RI Providence 029	004			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	04-	3f. E-Mail Add	dress	
(401) 521-0780					travis mills@firs	stgroup.com	
4a. Type of Establishment (Factory, mine	, wholesaler, etc )	4b. Principal prod	uct or service		5a. City	and State where unit is located:	
Transportation			Passenger Transporta	ation		Providence, RI	
5b. Description of Unit Involved		1				6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addi	tional details					14	
oce ritacieur age 2 ior addi						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addi						or more) of the employees in the	
Excluded: See Attached Page 2 for addi	tional details					unit wish to be represented by the Petitioner? Yes V No	
Check One: 7a. Request for	recognition as Bar	naining Depresentati	was made on (Date)	300	Employer de	clined recognition on or about	
	A CONTRACTOR OF A CONTRACT OF	(If no reply received,		and	I Employer de	clined recognition on or about	
7h Petitioner is		5 5 5 S	presentative and desires (	certification under the	Act		
8a. Name of Recognized or Certified B			8b. Address		Λ		
8c. Tel No.	8d Cell No.		8e. Fax No.	T	8f. E-Mail Add	dress	
	ou ocirrio.		00. T ux 110.				
8g. Affiliation, if any		8	8h. Date of Recognition or	r Certification		Date of Current or Most Recent	
					Contract, if an	ny (Month, Day, Year)	
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involved?	If so, approx	imately how many em	ployees are pa	articipating?	
(Name of labor organization)		, has picke	ted the Employer since (I	Month, Day, Year)		<u> </u>	
10. Organizations or individuals other that	n Petitioner and tho	se named in items 8	and 9, which have claim	ed recogni ion as repr	esentatives ar	nd other organizations and individuals	
known to have a representative interest in	n any employees in	the unit described in	item 5b above. (If none,	so state)			
10a Nama	10b Ad	draga		40a Tol No		40d Coll No	
10a. Name	10b. Ad	uress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
				100. T ux 110.			
<ol> <li>Election Details: If the NLRB condu any such election.</li> </ol>	cts an election in th	is matter, state your	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Locati	on(s):		
March 23, 2020	12:00 r	noon to 3:00 p m.		A Bus	SCHOOL		
12a. Full Name of Petitioner (including Thomas G. Cute Jr. Amalgamated Transit Union Division 618	local name and n	umber)		12b. Address (stree 172 Longfellow Stree RI Providence 02907	t and number, t -2621	city, state, and ZIP code)	
12c. Full name of national or international Amalgamated Transit Union	labor organization	of which Petitioner is	s an affiliate or cons ituen				
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A	Address	
(401) 785-4020	(401) 575-8238				tcute@transit	union618.com	
13. Representative of the Petitioner wh	o will accept serv	ice of all papers for	purposes of the repres	entation proceeding	24		
13a. Name and Title		No. 10	13b. Address (street and		and ZIP code)		
Daniel B. Smith Assistant General Counse AMALGAMATED TRANSIT UNION			10000 New Hampshire / MD Silver Spring 20903	Ave -1790			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad		
(301) 431-7100	(202) 714-4219			3	dsmith@atu.c	big	
I declare that I have read the above per	declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.						
	Signature	statements are true	Title		Date		
	Signature Daniel B. Smith		Title Assistant General Couns	sel	03/2/2020	) 09:36:19	

#### 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.

#### Attachment

## Employees Included

All full-time and regular part-time drivers and supervisors employed by the Employer at its lot currently located in Exeter, Rhode Island

## **Employees Excluded**

All professional employees, managers, and guards and supervisors as defined in the Act.

						DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RC) (2-18)	UNITED STATES O NATIONAL LABOR REL				Case No.	DONOT		Date Filed		
(2-10)	RC PETIT		<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		1-RC-2	57458		March 5,	2020	
employer concerned is loca the employer and all other µ Case Procedures (Form NL	iled using the Agency's websi ted. The petition must be acco parties named in the petition o RB 4812). The showing of inter	ompanied t f: (1) the pe rest should	by both a sh atition; (2) S I only be file	owing of interest tatement of Positi od with the NLRB	I of this Petiti (see 6b below ion form (Fori and should n	on to an NLRB o i) and a certificat n NLRB-505); an ot be served on t	te of service s d (3) Descript he employer	glon in which th howing service ion of Represer or any other par	he on ntation rty.	
bargaining by Petitioner an	TION: RC-CERTIFICATION OF d Petitioner desires to be certifie I Labor Relations Board proce	d as repres	ontative of th	e employees. The	Petitioner all	eges that the foll	owing circum	stances exist a	ə nd	
2a. Name of Employer: NETA Brookline		2b. Add 160	dress(es) of I Washingt	Establishment(s) in con Street, Bro	ookline, N	and number, City [A 02445	, State, ZIP co	de):		
3a. Employer Representative Eric Holler	a - Name and Title:	3b. Add SAM		e es 2b - state san	ne):	110001	<u>999 - 1</u> 094			
3c. Tel. No. 617-841-7250	3d. Cell No.	I.	3e. Fax No		holl	Mail Address er@netacare		an 10-		
Marijuana Dispensar	a. Type of Establishment ( <i>Factory, mine, wholesaler, etc.</i> ) Marijuana Dispensary ib. Description of Unit Involved:				ce onal	Brook	line, MA	unit is located:		
5b. Description of Unit Invol Included: See Attached	ved:					6a. Numb 146	er of Employee	es in Unit;		
Excluded: See Attached						of the repres	employees in t ented by the P	ber (30% or mor he unit wish to be etitioner? 🔀 Ye	e	
Check One: 7a. Request on or about	for recognition as Bargaining Re		e was made ecelved, so			and Employer	declined recog	nition		
	r is currently recognized as Barg				ation under the	Act.				
8a. Name of Recognized or (	Certified Bargaining Agent ( <i>if n</i>	ione, so sta	te) [8b. Ac	Idress:						
8c. Tel. No.	8d. Cell No.		8e. Fax No	<b>)</b> .		Mail Address				
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certif		piration Date of C nt Contract, if any				
9. Is there now a strike or pick	eting at the Employer's establish	iment(s) inv	olved? No	If so, app	proximately ho	w many employee	es are participa	ting?		
(Name of Labor Organizatio	No.					cketed the Employ				
10. Organizations or individua individuals known to have	is other than Petitioner and those a representative interest in any e	e named in employees i	items 8 and in the unit de	9, which have clair scribed in item 5b	ned recognitio above. <i>(if non</i>	n as representativ ə, so <i>state)</i>	res and other c	rganizations and	1	
10a. Name	10b. Address	3			10c.	Fel. No.	10d. Cell No			
					10e.	Fax No.	10f. E-Mail A	ddress		
11. Election Details: If the NI	RB conducts and election in this	s matter, sta	ate your posl	tion with respect to	any such elec	tion: 11a. Election:	and the second se	Mixed Man	iual/Mail	
11b. Election Date(s): March 27, 2020	11c. Election 10AM to		en 4PM	to 6PM	11d.	Election Location	s):			
12a. Full Name of Petitioner United Food & Com	(including local name and numb mercial Workers, Loca	or): 1 1445		12b. Address (str 30 Stergis W Dedham, M	Vay	ər, city, State and	ZIP code):			
12c. Full name of national or I United Food & Com	nternational labor organization o mercial Workers Intern	f which Peti ational	Union, A	FL-CIO, CL	С					
12d. Tel. No. 781-461-6775	12e, Cell No.		12f. Fax N 781-46	1-0677	info	E-Mail Address @ufcwlocal	1445.org			
13. Representative of the Pe 13e. Name and Title: Alfred Gordon O'Conn	titioner who will accept servic ell, counsel	e of all pap	13b. Addr	poses of the repre- ess (street and nur me Ehrenberg	mber, city, Star	e and ZIP code):	0th Floor, E	Boston, MA (	)2109	
13c. Tel. No. 617-367-7200	13d. Cell No.	$\cap$	Contraction of the second	7-4820	ago	E-Mail Address rdon@pyler	ome.com			
I declare that I have read the Name (Print)	e above petition and that the st		are true to t	ne best of my kno	Title	bellet.		Date	0	
Alfred Gordon O'Co			200	y - dy	counse	el		3/5	5/2020	
MILLETH EALS	E STATEMENTS ON THIS PET	ITION CAN		HED BY FINE AND	IMPRISONA	ENT U.S. CODE	TITLE 18. SI	ECTION 1001)		

WII

WILLFUL FALSE STATEMENTS ON THIS PETITION O'AN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 20 U.S.C. § 151 at seg. 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, 2003). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

## EXHIBIT A to RC PETIION UFCW 1445 AND NETA BROOKLINE BOX 5(B) – UNIT DESCRIPTION

Included: All Full-time and regular part-time employees working at the NETA Brookline in Brookline, Massachusetts

Excluded: All Casual employees, confidential employees, supervisors, managers, and guards

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

	ED STATES GOV						OT WRITE IN	
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			· · · · · · · · · · · · · · · · · · ·			No. Contraction of the		March 5, 2020
								o an NLRB office in the Region
								(see 6b below) and a certificat
								tatement of Position form
						.RB 4812). The	showing of	interest should only be filed
with the NLRB and should								to day to the state of the stat
1. PURPOSE OF THIS PETITIC bargaining by Petitioner and								nted for purposes of collective wing circumstances exist and
requests that the National I	_abor Relations	Board procee	ed under its	proper authority	pursuant to	o Section 9 of the	National Labo	or Relations Act.
2a. Name of Employer				문화가 걸려 가장 정말 맛 없다. 같은 것 것			et and number,	city, State, ZIP code)
Komatsu America Corp (			283	3 Pane Road,	•	and the same that the same		
3a. Employer Representative						s 2b - state same)		10140
Angela Debro, Regional		Cherry Street in the story of the	ger			ike, Hatfield Po		
3c. Tel. No. 267-956-1963		Cell No. 5-852-6134		3e. Fax No.	6		3f. E-Mail	komatsuna.com
				and ust or copying			and the second	City and State where unit is located:
4a. Type of Establishment (Fact Equipment Dealership	ory, mine, wholes	energy and the server of the server	46. Principal Equipment	product or service Sales	9		1 - COMPANY 101	ington, CT
5b. Description of Unit Involve	be		quipment	Calco	-		1.101	6a. No. of Employees in Unit:
and states and a state of the s								4
Included: All parts co	unter and	parts wa	irenous	e employe	es			6b. Do a substantial number (30
Excluded:								or more) of the employees in the unit wish to be represented by th
Excluded: All office clerica	il employees,	protessiona	il employe	es, guards, ar	na supervi	isors derined ur	nder the Act	Petitioner? Yes V No
Chark Ones 1 72 Pa		tion on Paranir	ning Paprose	ntativo war made	a on (Date)	3/5/2020	and Employer	declined recognition on or about
	/5/2020			entative was made eived, so state).	e on (Date)	3/5/2020	and Employer	declined recognition on or about
	and design into the she		A CONTRACTOR OF STATE		and desires	certification under	the Act	
					and desires	certification under	INE ACL	and another a second
8a Name of Recognized or Ce	rtified Bargainin	a Agent //f oc	one, so state	e). Sb				
8a. Name of Recognized or Ce None	rtified Bargainir	ng Agent (If no	one, so stat	e). 8b	o. Address			
이 같이 있는 것이 같이 가지 않는 것이 가지 않는 것 수요 <mark></mark>		Cell No.	one, so stat	e). 8b 8e. Fax No.	o. Address	· · ·	8f. E-Mail	Address
None			one, so stat	8e. Fax No.	o. Address			
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None 8c. Tel No.			one, so stat	8e. Fax No.	o. Address	r Certification	8i. Expirati	
None 8c. Tel No. 8g. Affiliation, if any	8d (	Cell No.	*	8e. Fax No.	ecognition o		8i. Expirati Contract, i	on Date of Current or Most Recent any (Month, Day, Year)
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None 8c. Tel No. 8g. Alfiliation, if any 9. Is there now a strike or picketi <i>(Name of labor organization)</i> 10. Organizations or individuals known to have a representative 10a. Name 11. Election Details: If the NLF any such election. 11b. Election Date(s): March 19, 2020 12a. Full Name of Petitioner ( <i>in</i> Operating Engineers Local 478 12c. Full name of national or inte International Union of Operating 12d. Tel No. 203-288-9261 13. Representative of the Petit	88 conducts an el conducts an	Cell No. Ther's establishme ner and those in the ployees in the 10b. Addree 10b. Addree 10b. Addree 11c. Elect 7:00am-9: ame and number rganization of v . Cell No. 227-5200 ccept service	nent(s) involv , has p named in ite unit describ ess natter, state tion Time(s): 00am ber) which Petition	8e. Fax No. 8h. Date of Ro ved? n/a picketed the Empl ms 8 and 9, which ed in item 5b abo your position with ner is an affiliate of 203-230-442 s for purposes of 13b. Addres 333 East Rive	ecognition o If so, approvide loyer since ( h have claim ve. (if none, respect to or constituen 29 of the represent so (street and r Drive, Suile	kimately how many Month, Day, Year) red recognition as r , so state) 10c. Tel. No. 10e. Fax No. 11a. Election Ty 11d. Election Lo Lunchroom 12b. Address (st 1965 Dixwell Av th (if none, so state)	Bi. Expirati Contract, if employees are representatives pe: ✓ Manu- cation(s): treet and number enue, Hamder ) 12g. E-Mai michael.ga ling. te, and ZIP cod	on Date of Current or Most Recent any (Month, Day, Year) e participating? and other organizations and individua 10d. Cell No. 10f. E-Mail Address alMailMixed Manual/Mail er, city, state, and ZIP code) h, CT 06514 I Address tes@local478.org
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None 8c. Tel No. 8g. Affiliation, if any 9. Is there now a strike or picketi (Name of labor organization) 10. Organizations or individuals known to have a representative 10a. Name 11. Election Details: If the NLF any such election. 11b. Election Date(s): March 19, 2020 12a. Full Name of Petitioner ( <i>ii</i> Operating Engineers Local 478 12c. Full name of national or inte International Union of Operating 12d. Tel No. 203-288-9261 13. Representative of the Petiti 13a. Name and Title John 13c. Tel No. 860-290-9610	88 d ing at the Employ other than Pelitio interest in any err RE conducts an el meluding local na rmational labor or g Engineers 12e. 860 ioner who will at T. FUSSEII 13d. 860	Cell No. rer's establishm ner and those nployees in the 10b. Addres 10b. Addres 11c. Elect 7:00am-9: ame and numl rganization of v . Cell No. 227-6200 ccept service . Cell No. 305-4497	nent(s) involv , has p named in ite e unit describ ess natter, state t tion Time(s): 00am ber) which Petition of all paper	8e. Fax No. 8h. Date of Ro ved? n/a picketed the Empl ms 8 and 9, which ed in item 5b abo your position with ner is an affiliate of 12f. Fax No 203-230-442 s for purposes of 13b. Address 333 East Rive 13e. Fax No 860-290-96:	<ul> <li>Address</li> <li>ecognition o</li> <li>If so, approximation</li> <li>loyer since (in have claim ve. (if name, in the claim ve. (if name, in the claim ve. (if name, if name, if</li></ul>	kimately how many Month, Day, Year) ied recognition as r , so siate) 10c. Tel. No. 10e. Fax No. 11a. Election Ty 11d. Election Lo Lunchroom 12b. Address (si 1965 Dixwell Av at (if none, so state, centation proceed d number, city, stat 101, East Hartford, CT	Bi. Expirati Contract, it employees are epresentatives pe: ✓ Manu- cation(s): treet and numb enue, Hamder ) 12g. E-Mai michael.ga ing. te, and ZIP cod 06108 13f. E-Mail jfussell@ct	on Date of Current or Most Recent any (Month, Day, Year) e participating? and other organizations and individua 10d. Cell No. 10f. E-Mail Address alMailMixed Manual/Mail er, city, state, and ZIP code) h, CT 06514 I Address tes@local478.org
None 8c. Tel No. 8g. Alfiliation, if any 9. Is there now a strike or picketi (Name of labor organization) 10. Organizations or individuals known to have a representative 10a. Name 11. Election Details: If the NLF any such election. 11b. Election Date(s): March 19, 2020 12a. Full Name of Petitioner ( <i>in</i> Operating Engineers Local 478 12c. Full name of national or intel International Union of Operating 12d. Tel No. 203-288-9261 13. Representative of the Petit 13a. Name and Title John 13c. Tel No. 860-290-9610 I declare that I have read the a	88 conducts an el and ing at the Employ other than Pelitio interest in any err RE conducts an el ancluding local na conducts an el	Cell No. There's establishme ner and those in ployees in the 10b, Addreside 10b, Addreside 10b, Addreside 10b, Addreside 11c, Elect 7:00am-9: ame and number rganization of v . Cell No. 227-6200 ccept service . Cell No. 305-4497 d that the state	nent(s) involv , has p named in ite e unit describ ess natter, state t tion Time(s): 00am ber) which Petition of all paper	8e. Fax No. 8h. Date of Ro ved? <u>n/a</u> picketed the Empl ms 8 and 9, which ed in item 5b abo your position with ner is an affiliate of 203-230-442 s for purposes o 13b. Addres 333 East Rive 13e. Fax No 860-290-96: true to the best	<ul> <li>Address</li> <li>ecognition o</li> <li>If so, approximation</li> <li>loyer since (in have claim ve. (if name, in the claim ve. (if name, in the claim ve. (if name, if name, if</li></ul>	kimately how many Month, Day, Year) ied recognition as r , so siate) 10c. Tel. No. 10e. Fax No. 11a. Election Ty 11d. Election Lo Lunchroom 12b. Address (si 1965 Dixwell Av at (if none, so state, centation proceed d number, city, stat 101, East Hartford, CT	Bi. Expirati Contract, if employees are representatives pe: ✓ Manu- cation(s): treet and numb enue, Hamder ) 12g. E-Mai michael.ga ling. te, and ZIP cod 06108 13f, E-Mail jfussell@ct	on Date of Current or Most Recent any (Month, Day, Year) e participating? and other organizations and individua 10d. Cell No. 10f. E-Mail Address alMail Mixed Manual/Mail er, city, state, and ZIP code) n, CT 06514 Address tes@local478.org e) Address
None 8c. Tel No. 8g. Alfiliation, if any 9. Is there now a strike or picketi (Name of labor organization) 10. Organizations or individuals known to have a representative 10a. Name 11. Election Details: If the NLF any such election. 11b. Election Date(s): March 19, 2020 12a. Full Name of Petitioner ( <i>ii</i> Operating Engineers Local 478 12c. Full name of national or inte International Union of Operating 12d. Tel No. 203-288-9261 13. Representative of the Petit 13a. Name and Title John 13c. Tel No. 860-290-9610	88 d ing at the Employ other than Pelitio interest in any err RE conducts an el meluding local na rmational labor or g Engineers 12e. 860 ioner who will at T. FUSSEII 13d. 860	Cell No. There's establishme ner and those in ployees in the 10b, Addreside 10b, Addreside 10b, Addreside 10b, Addreside 11c, Elect 7:00am-9: ame and number rganization of v . Cell No. 227-6200 ccept service . Cell No. 305-4497 d that the state	nent(s) involv , has p named in ite e unit describ ess natter, state t tion Time(s): 00am ber) which Petition of all paper	8e. Fax No. 8h. Date of Ro ved? <u>n/a</u> picketed the Empl ms 8 and 9, which ed in item 5b abo your position with ner is an affiliate of 12f. Fax No 203-230-442 s for purposes of 13b. Address 333 East Rive 13e. Fax No 860-290-96:	o. Address ecognition o lf so, approx loyer since ( h have claim ve. (if nane, respect to or constituen 29 of the repres ss (street and the repres ss (street and the repres	kimately how many Month, Day, Year) led recognition as r , so siate) 10c. Tel. No. 10e. Fax No. 11a. Election Ty 11d. Election Lo Lunchroom 12b. Address (si 1965 Dixwell Av at (if none, so state) centation proceed d number, city, stat 101, East Hartford, CT	Bi. Expirati Contract, it employees are epresentatives pe: ✓ Manu- cation(s): treet and numb enue, Hamder ) 12g. E-Mai michael.ga ing. te, and ZIP cod 06108 13f. E-Mail jfussell@ct	on Date of Current or Most Recent any (Month, Day, Year) e participating? and other organizations and individua 10d. Cell No. 10f. E-Mail Address alMail Mixed Manual/Mail er, city, state, and ZIP code) h, CT 06514 I Address tes@local478.org e) Address neverielaw.com

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings of 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. HLRE SUBREGION 34 HARTFORD COMMECTICUT

1.1 4.

FORM NLRB-5024(RC) . (2-18)	NATIONAL LABOR	S OF AMERICA RELATIONS BOA	ARD		Case No. 01-R	C-25756		ate Filed 3/6/2020
INSTRUCTIONS: Unless e- employer concerned is loca the employer and all other p Case Procedures (Form NL	nted. The petition must be a parties named in the petition	accompanied by on of: (1) the pet	both a sl ttion; (2) S	howing of interest (s Statement of Positio	see 6b helow; In form (Form	and a certific NLR8-505); a	office in the Region ate of service show nd (3) Description of	in which the ing service on of Representation
1. PURPOSE OF THIS PETIT bargaining by Petitioner an requests that the Nationa	TON: RC-CERTIFICATION d Petitioner desires to be cer I Labor Relations Board pr	rtified as represen	stative of t	he employees. The F	etitioner alle	ges that the fo	llowing circumstan	cos exist and
2a. Name of Employer: Bob's Discount Furni	ture			Establishment(s) inv Turnpike, Man			y, Ştete, ZIP code):	
3a. Employer Representative Ed Soulier Vice President	• - Name and Title:	35. Addr Same	ess (if san	ie as 2b - state same	):			
3c. Tel. No. 860-645-3208	3d. Cell No.		3e. Fax No	5.		all Address ulier@myl	oobs.com	
49. Type of Establishment (Fa Retail Facility	Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service International Product or Service International Product of Service International Prod					5a. City a	nd State where unit I lester, CT	s located:
5b. Description of Unit Involution Included: All regular full and pa		workers emp	oloyed a	at the Manches	ter facility	13	er of Employees in L	Init;
Excluded: All guards, profession	nal employees and s	upervisors a	s define	ed in the Act.		6b. Do a of the repres	employees in the un ented by the Petition	80% or more) t wish to be er? [X] Yes, □ No
	Date) 03/05/20 Is currently recognized as E	(If no reply rec Sargaining Repres	seived, so sentative a	state). Ind desires certification	on under the A		declined recognition	
Ba. Name of Recognized or C n/a	ertified Bargaining Agent	(If none, so state)	) 85. Ad	ioress:				
ŝç, Tel. No.	ild, Çeli No.		8e. Fax No	λ.	8f. E-M	ail Address	Can	<u> </u>
8g. Affiliation, if any:		ah.	Date of R	ecognition or Certific			Current or Most (Month, Day, Year)	
9. Is there now a strike or picke (Name of Labor Organization		lishment(s) involv	ved? No	If so, appro			es are participating? ver since (Month, Da	v. Year)
10 Omanizations or Individual	AND ADDRESS OF A DECK OF A	nose named in lite ny employees in l	ms 8 and the unit de	9, which have claime scribed in item 5b ab	d recognition	as representativ		
10a. Name	10b. Addr	<b>1955</b>		a	10ç. Te	I. No.	10d. Cell No.	
					. 10e. Fa	x No.	10f. E-Mail Addres	\$
11, Election Details: If the NL	RB conducts and election in	this matter, state	your posit	ion with respect to a		X Manu	al 🗌 Mali 🔲 M	lixed Manual/Mail
11b. Election Date(s): 03/27/20	11c. Elec 2:00pm	tion Time(s): n-3:00pm			Conf	erence Roo	m #2	
12s. Full Name of Petitioner ( U.F.C.W, Local 919	including local name and nu	imber):		12b. Address (stree 6 Hyde Road,	t and number, Farmingt	city, State and on, CT 060	ZIP code): )32	
12c. Full name of national or in United Food & Comm	ternational labor organization nercial Workers				_			
12d. Tel. No. 860-677-9333	12e, Çell No.	1	12f, Fax N 860-67	7-9650		Mail Address		
13. Representative of the Pet 13a. Name and Title: J. William Gagne, Jr. Attorney			135. Addre 1 Congr	ess (street and numb ess Street, 3rd F	loor, Hartl	ord, CT 061	14	
13c. Tel. No. 860-522-5049	13d. Cell No.		134. Fax M 860-56	1-6204	jwga	nell Address gne@snet.i	net	
I declare that I have read the Name (Print)	above petition and that the	e statements are	true to th	M KINDW	Inte			Date 03/06/20
J. William Gagne, Jr.		pull	ina	age -	Attorney	And	TITLE 18, SECTIO	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 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 el 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 may cause the NLRB to decline to invoke its processes.

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

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	ES GOVERNMEN				WRITE IN THI	and the second se
NATIONAL LABOR		ARD	Case No.	C-257633		Filed
	TITION					arch 9, 2020
INSTRUCTIONS: Unless e-Filed u	sing the Agend	cy's website, <u>w</u>	<u>ww.nlrb.gov</u> , submit a	an original of this	Petition to a	an NLRB office in the Region
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descrip	tion of Repres	entation Case	Procedures (Form NL	RB 4812). The sl	howing of in	terest should only be filed
with the NLRB and should not be						
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	desires to be certif	fied as representat	ive of the employees. The	Petitioner alleges th	at the followin	ig circumstances exist and
2a. Name of Employer	auona board pro	2b. A	ddress(es) of Establishmen	t(s) involved (Street a	and number, city	y, State, ZIP code)
Sodexo		35 C	orporate Drive, Trum	bull, CT 06611		
3a. Employer Representative - Name and	nd Title		3b. Address (If same as	s 2b – state same)		
Tom Russo, Director of Operation	ons		Same			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	
203-459-2458						so@sedexo.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)		oduct or service			and State where unit is located:
Facility Management		Maintenance	of service plaza		Trumb	
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All maintenance	emplovees					6b. Do a substantial number (30%
a ser an						or more) of the employees in the
Excluded: All office clerical employ	vees, profession	nal employees,	guards and supervisor	rs as defined unde	er the Act.	unit wish to be represented by the
	- VV.					Petitioner? Yes 🖌 No
			ative was made on (Date)	3/9/2020_an	d Employer dea	clined recognition on or about
3/9/202		(If no reply receive		1107 11		
8a. Name of Recognized or Certified Ba			Representative and desires 8b. Address	certification under the	e Act.	
sa. Name of Recognized of Certified Ba	irganing Agent (	none, so statej.	DD. Address			
Bc. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	dress
			1			D. I. C. Mart David
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		Date of Current or Most Recent (Month, Day, Year)
						, (
9. Is there now a strike or picketing at the	Employer's establ	ishment(s) involved	d? If so, approx	kimately how many er	nployees are pa	articipating?
(Name of labor organization)			keted the Employer since (			1. 2. 1
10. Organizations or individuals other than	Detitioner and the				resentatives an	of other organizations and individuals
known to have a representative interest in	any employees in	the unit described	in item 5b above. (If none,	, so state)		
10a. Name	10b. Ad	ddress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
				TUE. Pax NO.		Tur. L-Mair Address
11. Election Details: If the NLRB conduc	cts an election in th	nis matter, state yo	our position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
any such election.		lastics Time(s):		11d. Election Loca	tion(s):	
11b. Election Date(s): March 30, 2020		Election Time(s): n - 12:00pm		35 Corporate Drive		r
12a. Full Name of Petitioner (including				12b. Address (stre	et and number,	city, state, and ZIP code)
Teamsters Local 191				1139 Fairfield Ave	nue, Bridgepor	rt, CT, 06605
12c. Full name of national or international International Brotherhood of Teamsters	labor organization	of which Petitione		nt (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No. 203-333-9112		12g. E-Mail A	sterslocal191.com
203-368-0231 13. Representative of the Petitioner wh	203-449-1196			sentation proceedin		
and the second sec			13b. Address (street an			
13a. Name and Title John Fusse	ell, Attorne	ey	333 East River Drive, Suite	101, East Hartford, CT 0	6108	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail A	
860-290-9610	860-305-4497		860-290-9611		jfussell@chev	verielaw.com
I declare that I have read the above per	ition and that the	statements are t	rue to the best of my know	wledge and belief.		
Name (Print)	Signaturen /	nMA	Title		Date	
Robert DiGirolamo	Dolat 4	INE,	<ul> <li>Business Agent</li> </ul>		3/9/2020	
WILLFUL FALSE STATEN	ENTS ON THIS P	ETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, TIT	LE 18, SECTION 1001)

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.

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

UNITED STATE	S GOVERNMENT	r		DO NOT	WRITE IN THIS	SPACE	
NATIONAL LABOR RELATIONS BOARD       Case No.       01-RC-257843       Date Filed       3-11-20							
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Description				RB 4812). The s	howing of inte	erest should only be filed	
with the NLRB and should not be							
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela 2a. Name of Employer	esires to be certif	ied as representativ	e of the employees. The	Petitioner alleges to Section 9 of the N	hat the following ational Labor Re	g circumstances exist and elations Act.	
NSMC Healthcare, Inc Salem H	ospital		ghland Avenue, Sa				
3a. Employer Representative - Name and Title     3b. Address (If same as 2b - state same)       David J. Roberts, M.D., President     Same							
3c. Tel. No.     3d. Cell No.     3e. Fax No.     3f. E-Mail Address       Q78, 741, 1200     droberts1@partners.org							
978.741.1200       droberts1@partners.org         4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service       5a. City and State where unit is located:							
Acute Care Hospital	vnolesaler, etc.)	Hospital Servi				Massachusetts	
5b. Description of Unit Involved						6a. No. of Employees in Unit: 1100	
Excluded: See attached	6b. Do a substantial number (30% or more) of the employees in the						
Check One: 7a. Request for re 3/10/2020		gaining Representat	ive was made on (Date)	3/10/2020 ar	nd Employer decl	ined recognition on or about	
7b. Petitioner is c	urrently recognize	ed as Bargaining Re	presentative and desires	certification under the	e Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (I	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.	12	8e. Fax No.		8f. E-Mail Addr	ress	
8g. Affiliation, if any	I		8h. Date of Recognition o	r Certification		Date of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	No If so, approx	ximately how many e	mployees are pa	rticipating?	
(Name of labor organization)		, has picke	eted the Employer since (	Month, Day, Year)		······································	
10. Organizations or individuals other than known to have a representative interest in a					presentatives and	other organizations and Individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
-				40a Faulta		10f E Mall Address	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	s an election in thi	is matter, state your	position with respect to	11a. Election Type	e: ☑ Manual 🗌	Mail Mixed Manual/Mail	
11b. Election Date(s): March 25, 2020		lection Time(s): 8am and 1pm - 4	4pm	11d. Election Loca Davenport 102A			
12a. Full Name of Petitioner ( <i>including Ic</i> 1199SEIU United Healthcare Workers Ea	cal name and nu				et and number, o	city, state, and ZIP code)	
12c. Full name of national or international la Service Employees International Union	bor organization	of which Petitioner i	s an affiliate or constituer	nt (if none, so state)		The Viet service of the Vi	
12d. Tel No. (617) 474-7140	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress	
13. Representative of the Petitioner who	will accept servi	ice of all papers for	r purposes of the repres	sentation proceedin	g.		
<sup>13e, Name and Title</sup> Ian O. Russ	ell, Couns	sel	13b. Address (street an 2 Liberty Square, 10th Floor		and ZIP code)		
13c. Tel No. 617-367-7200	13d. Cell No.		13e. Fax No.		13f. E-Mail Add irussell@pylere		
I declare that I have read the above petit	on and that the	statements are true	e to the best of my know	wledge and belief.			
Name (Print) Signal Sig	gnature //		Title Counsel for Petitioner		Date 3/11/20		
	NTC ON THE DE	TITION CAN DE D		IMPRICONMENT /		E 18 SECTION (001)	

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### **1199SEIU** United Healthcare Workers East and Salem Hospital NLRB Petition

### Attachment A

Included: All full-time and regular part-time (including eligible per diem) service and maintenance employees ("all other non-professionals," for purposes of the NLRB's acute care hospital bargaining unit rules) who have regularly worked an average of at least eight hours per week during the 13 week period preceding approval of a consent election agreement or direction of an election by the Regional Director and are still on the payroll at the time of voting.

Excluded: All other employees, including managers, supervisors, confidential employees, - guards, physicians, nurses, all other professionals, technical employees, business office clericals, skilled maintenance, employees of outside registries and other agencies supplying labor to the Hospital, "research assistants" or functionally similar positions, all already represented employees and per diem employees who have not regularly worked an average of at least eight hours per week during the 13 week period preceding approval of a consent election agreement or direction of an election by the Regional Director.

FORM NLRB-502 (RC)		TO OTATEO OF						DONOT	WRITE IN THI	CONCE	
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	-			-				RC-2578			11/2020
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2a. Name of Employer:		actual process			f Establishment(s)						
LinCare Inc.					R. West Springf			number, Cit	y, State, ZIP c	ode):	
3a. Employer Representative - Erica Rivera Suttles	- Name and Title:	2	3b. Addr Same	ress (if sar	me as 2b - state sa	ame):					
3c. Tel. No. (413) 734-2562	3d. Cell No	).		3e. Fax N (413) 73	Contraction and		3f. E-Mail A	Address			
4a. Type of Establishment (Fact Healthcare	ory, mine, wholes	saler, etc.)		4b. Princi	pal Product or Sen are products	vice	1		nd State when pringfield M/		cated:
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Included: Healthcare Specialists, Cu	stomer Service	e Representa	atives and	Service	Representative	es.		11			
Excluded: All other employees includ	ling Managers	, Supervisors	s, Sales R	epreser	ntatives and Gu	ards as	define in	of the	substantial num employees in ented by the F	the unit wis	sh to be
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Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 US (0, 5.15) 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 may cause the NLRB to decline to invoke its processes.

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(2-18)		OR RELATIONS BO	DARD		Case No.		2	Date Fi	ALCO CONTRACT CONTRACTOR
					01-RC-				-11-20
. INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied l tition of: (1) the p	by both a st etition; (2) S	howing of interest (se Statement of Position	ee 6b below) and form (Form NL	d a certifica RB-505); an	te of service st d (3) Description	nowing s on of Rep	ervice on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labor	tioner desires to be	certified as repres	entative of the	he employees. The Pe	etitioner alleges	that the fol	lowing circums	stances e	
2a. Name of Employer: Hilton Garden Inn East B	loston			Establishment(s) invo in Street, Boston			, State, ZIP cod	le):	
3a. Employer Representative - Na Kevin Buchannan, Gener		3b. Ad same	Statute contraction and	ne as 2b - state same)	•				
зс. теl. No. 857-256-2222	3d. Cell No.	•	3e. Fax No 617-56	1-0798	3f. E-Mail A Kevin.E	Buchanna	n@hilton.c	S03521545	
4a. Type of Establishmerit (Factory, Hotel	mine, wholesaler, e	ətc.)		oal Product or Service odation		5a. City an Bostor	nd State where u n; MA	unit is loca	ated:
5b. Description of Unit Involved: Included: see attached	ŝ	2		۰,		6a. Numbe 32	er of Employees	in Unit:	
Excluded:		÷				of the e	ubstantial numb employees in the ented by the Pel	e unit wis	h to be
Check One: Ta. Request for re on or about (Date) 7b. Petitioner is cu	no reply receiv	ved (If no reply r	received, so	state).		d Employer	declined recogn	ition	
8a. Name of Recognized or Certifi				dress:	in under the Act.				
none									
	1					20			
8c. Tel. No.	8d. Cell No.		8e, Fax No	D.	8f. E-Mail A	ddress	410		
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a	at the Employer's e	stablishment(s) inv	olved? No	If so, approx	kimately how man	ny employee	s are participati	ng?	
(Name of Labor Organization)							er since (Month		
<ol> <li>Organizations or individuals other individuals known to have a representation</li> </ol>							es and other org	ganization	is and
10a. Name	10b. A	Address			10c. Tel. N	o.	10d. Cell No.		
					10e. Fax N	8	10f. E-Mail Add	dress	
11. Election Details: If the NLRB co	onducts and election	n in this matter, sta	te your posi	tion with respect to an	y such election:	11a. Electio	and the second second second	Mixed	Manual/Mail
11b. Election Date(s): April 2, 2020		Election Time(s): -8:00am, 1:0	0-4:30pr	n		n Location(s	s):		
12a. Full Name of Petitioner (includ UNITE HERE Local 26	ding local name and	d number):	0	12b. Address (street 101 Station La Medford, MA	nding, 4th F		ZIP code):		
12c. Full name of national or internat UNITE HERE	tional labor organiz	ation of which Petil	lioner is an a	affiliate or constituent (	'if none, so state)	:			
12d. Tel. No. 617-832-6699	12e. Cell No. 857-272-535	59	12f. Fax N 617-42		12g. E-Mail mkrame	Address cr@local	26.org		
13. Representative of the Petitione 13a. Name and Title: Michael T. Anderson	er who will accept	service of all pap	13b. Addre 33 Harri	ooses of the represent ess (street and number ison Ave, 7th Flo MA 02111	r, city, State and	ing. ZIP code):			
13c. Tel. No. 617-227-5720	13d. Cell No. 617-279-396	55	13e. Fax N 617-22	No.	13f. E-Mail manders		rphypllc.co	m	
I declare that I have read the abov	e petition and that		re true to th	he best of my knowle					Data
Name (Print) Michael Kramer		Signature			Title Organizing	Director	r		Date 03/11/20
									CHARLEN WATER

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 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 may cause the NLRB to decline to invoke its processes.

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This is a petition for a residual election under Armour & Co., 40 NLRB 1332 (1942) and Globe Machine & Stamping, 3 NLRB 294 (1937), under Casehandling Manual ¶ 11091.2(a). Petitioner currently represents 27 employees in the Housekeeping (including Room Cleaners and Housepersons) and Guest Service Attendants (Bellperson, Doorperson) classifications in the Hotel. Petitioner seeks an Armour-Globe election among all remaining non-supervisory employees in the Hotel, including all Food and Beverage, Front Desk, and Maintenance classifications, but excluding statutory supervisors and guards, to be added to the existing unit.

FORM NLRB-502 (RC)	UNITED STA	TES OF AMERIC	A	1		DONOT	WRITE IN THIS S	SPACE
(2-18)	NATIONAL LABO	R RELATIONS B			Case No.	191 		Date Filed
	RC P	PETITION			01-R	C-25792	23	3-12-20
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other partie Case Procedures (Form NLRB 48	The petition must b s named in the peti	e accompanied tion of: (1) the p	by both a sl etition; (2) S	howing of interest (s Statement of Positio	ee 6b below, n form (Forn	) and a certifica n NLRB-505); ar	te of service sh nd (3) Descriptio	ion in which the owing service on on of Representation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labo	RC-CERTIFICATIO	N OF REPRESE	NTATIVE - A sentative of t	substantial number of he employees. The P	of employees etitioner alle	wish to be repre ges that the fol	sented for purpo	ses of collective tances exist and
2a. Name of Employer: Compass Group d/b/a Char	twells			Establishment(s) invo iew Ave. Smithfi			y, State, ZIP cod	e):
3a. Employer Representative - Na Lori Richard	me and Title:	3b. Ad Same	STREET MANAGER	ne as 2b - state same	):			
3c. Tel. No. 401-231-8662	3d. Cell No.		3e. Fax No	0.		lail Address Richard@Corr	pass-USA.co	m
4a. Type of Establishment (Factory,	mine, wholesaler, e	tc.)	4b. Princip	al Product or Service	1	•	nd State where u	
Public School Food Service			Food Se			Smithfie		
5b. Description of Unit Involved:						6a. Numb	er of Employees	in Unit:
All full-time and regular part-ti	me food service v	workers in Smi	thfield, RI	K-12 School Dist	rict	15		
Excluded: all other classifications includ	ng clericals, gua	rds and super	rvisors			of the	employees in the	er (30% or more) e unit wish to be itioner? 🔀 Yes 🔲 No
Check One: X 7a. Request for re					arch 5		declined recogni	the second se
on or about (Date)			received, so		on under the	Act		
8a. Name of Recognized or Certifi				ddress:	on under the l			
None						đ		
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-N	ail Address		Lite of Second
8g. Affiliation, if any:		1	3h. Date of R	ecognition or Certific		iration Date of C Contract, if any	urrent or Most (Month, Day, Ye	ear)
9. Is there now a strike or picketing a	at the Employer's est	tablishment(s) inv	olved? No	If so, appro	ximately how	many employee	es are participatir	ng?
(Name of Labor Organization)					, has pick	eted the Employ	ver since (Month,	Day, Year)
10. Organizations or individuals othe individuals known to have a repr							es and other org	anizations and
10a. Name	10b. A	ddress			10c. Te	al. No.	10d. Cell No.	11
					10e. Fa	ax No.	10f. E-Mail Add	Iress
11. Election Details: If the NLRB co	inducts and election	in this matter, sta	ate your posi	tion with respect to an	ny such electi	on: 11a. Electic X Manua		Mixed Manual/Mail
11b. Election Date(s): April 2	11c. El 2:30-3	ection Time(s): 3:30				ection Location( easant View A		
12a. Full Name of Petitioner (inclue UniteHere Local 26	LACE REPORT			12b. Address (stree 172 Longfellow	t and number	city, State and	ZIP code):	
12c. Full name of national or internat	ional labor organiza	tion of which Peti	tioner is an a	affiliate or constituent	(if none, so s	tate):		
UniteHere International Union								
12d. Tel. No. 401-528-1103	12e. Cell No. 617-543-2851		12f. Fax N 401-528			Mail Address	6.org	4
13. Representative of the Petitione	er who will accept s	service of all pap	ers for purp	ooses of the represe	ntation proc	eeding.		
13a. Name and Title: Michael T. Anderson				ess (street and numbe ison Ave. 7th FI,				
13c. Tel. No. 617-227-5720	13d. Cell No.		13e. Fax N 617-227			Mail Address erson@murp	hyplic com	474-24
I declare that I have read the abov	e netition and that	the statements :	CARTON CALCULATION OF	over strokens	Contraction and a second	Contraction and the second	nyplic.com	
Name (Print)	s pouron and ulat	Signature /	1 and to to to	to boat of my known	Title			Date
Nancy ladeluca		WAAR	n		RI Directo	or	i'n stie	3/11/20

# WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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FORM NI PR-502 (PO)	UNITED STATES OF AMERIC NATIONAL LABOR RELATIONS E			<b>`</b> A		DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RC) (2-18)							ase No.		Date Filed		
RC PETITION								01-RC-257982		3-13-2020	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (1	anied by ) the pe	y bo titloi	th a showing of interest (s n; (2) Statement of Positio	see 6b n forn	below) and n (Form NLF	a certificat (B-505); an	e of service sh d (3) Descriptio	owing service on on of Representation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labor	tioner desire	s to be certified as Board proceed t	s represe under its	ntati s pro	ve of the employees. The P oper authority pursuant to	etition Section	ner alleges t on 9 of the N	hat the follo National La	owing circums bor Relations A	tances exist and Act.	
				b. Address(es) of Establishment(s) involved ( <i>Street and number, City, State, ZIP code</i> ): 39 October Hill Road, Holliston, MA 01746							
3a. Employer Representative - Name and Title: Thomas McDonough, Esquire				3b. Address (if same as 2b - state same): Jackson, Lewis, 44 South Broadway 14th Floor, New York, NY 10601							
3c. Tel. No. 914-872-8060	3d. Cell No.			3e. Fax No. 914-946-1216			3f. E-Mail Address Thomas.McDonough@jacksonlewis			sonlewis.com	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Marijuana Dispensary				4b. Principal Product or Service Medical and Recreationa			5a. City and State where unit is a Holliston, MA		nit is located:		
6b. Description of Unit Involved: Included: SEE ATTACHED								6a. Numbe 32	r of Employees	in Unit:	
Excluded: SEE ATTACHED								of the e	mployees in the	er (30% or more) o unit wish to be itioner? 🔀 Yes 🥅 N	
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). And Employer declined recognition on the Act.											
8a. Name of Recognized or Certific	and the second sec				8b. Address:	on und	ter the Act.				
8c. Tel. No.	8d. Cell No.			8e. Fax No.		8f. E-Mail Address					
8g. Affillation, if any:				. Da	te of Recognition or Certifica		on 8l. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year)				
9. Is there now a strike or picketing a	t the Emplo	yer's establishmen	it(s) invo	lved	? If so, appro	oximate	ely how man	y employee	s are participatir	ng?	
(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and											
individuals known to have a repre	esentative in	terest in any emplo	oyees in	the	unit described in item 5b ab	ove. (i	If none, so si	ate)	ss and other org		
10a. Name 10b. Address						10c. Tel. No		10d. Cell No.			
		and the second				Ì	10e. Fax No		10f. E-Mail Add	dress	
11. Election Details: If the NLRB conducts and election in this matter, sta				ate your position with respect to any suc			h election: 11a. Election				
11b. Election Date(s):	- Andrew Andrew Sterner Law	11c. Election Tim	e(s):	11d. Elec			11d. Election	ion Location(s):			
12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         12b. Address (street and number, city, State and ZIP code):       30 Stergis Way, Dedham, MA 02026											
12c. Full name of national or internat United Food & Commerci	ional labor o al Work	ers Union Lo	ch Petitic ocal 14	oner 445	is an affillate or constituent , AFL-CIO	(if nor	ne, so state):				
12d, Tel. No. 781-461-6775				781-461-0677 INFC			$\sim$	@UFCWLOCAL1445.ORG			
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title: Alfred Gordon O'Connell, Counsel				apers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Fl, Boston MA 021					n MA 02109		
13c. Tel. No. 617-367-7200				617-367-4820 a			13f. E-Mail Address agordon@pylerome.com				
I declare that I have read the above Name (Print)	e petition a	nd that the staten Signature	nents ar	e tru	to the best of my knowl	Title				Date	
Alfred Gordon O'Connell		alp	ed (	50	de V Could ).		ounsel			3.13.2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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 may cause the NLRB to decline to invoke its processes.

# EXHIBIT A to RC PETIION UFCW 1445 AND MAYFLOWER MEDICINALS BOX 5(B) – UNIT DESCRIPTION

Included: All full-time and regular part-time non-professional employees at Mayflower Medicinal facility in Holliston, Mass., but

Excluded: all managers, confidential employees, supervisors, agricultural employees, and guards.

					DO NOT WRITE IN THIS SPACE						
FORM NLRB-502 (RD) UNITED STATES OF AMERICA (2-18) NATIONAL LABOR RELATIONS BOARD RD PETITION					Case No. 01-RD-257448			Date Filed 3/5/2020			
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other pa Case Procedures (Form NLRI	ed. The petition rties named in t	must be accompa the petition of:(1)	anied by both a shi the petition; (2) Sta	owing of intere atement of Pos	est (see 7 l sition form	below) and a certifica (Form NLRB-505); a	te of servi nd (3) Desi	ce showing service on cription of Representation			
1. PURPOSE OF THIS PETITIO recognized bargaining represe Labor Relations Board proce	entative is no long	ger their representa	tive. The Petitioner	r alleges that t	he following	ng circumstances ex					
2a. Name of Employer			2b. Address(es) of	Establishment	s) involved	(Street and number, i	city, state, 2	(IP code)			
						al Airport, 1 Harborside Dr., East Boston, MA 02128					
3a. Employer Representative - I Ashleigh Ciulla	ne as 2b - state	b - state same) ad, Charlotte, NC 28217									
3c. Tel. No.	3d. Fax No.		3e. Cell No.	nt Koau, Ch	3f. E-Mail Address						
704-928-8599					h.ciulla@compas	s-usa.com	n				
4a. Type of Establishment (Facto	aler, etc.)	4b. Principal product or service									
Service provider					Food an	nd beverage					
5a. Description of Unit Involved Included:								ity and State where unit located:			
All full-time and regular	part-time em	ployees employ	ed by the Emp	lover in its	food and	beverage operat		Boston, MA			
Excluded:		,	/								
Office clerical ees, profes	sional ees. m	anagerial ees.	chefs, temporar	v ees, guard	Is and su	pervisors					
C No. of Constanting in Linit		-					vesented b	v the certified or currently			
6. No. of Employees in Unit 49			epresentative?		rue and n	o longer man to be rep	reserved b	y the certified of currently			
8a. Name of Recognized or Certif		igent				8b. Affiliation, if any					
UNITE HERE Local 26,	AFL-CIO										
8c. Address		8d. Tel. No. 617-832-6	600	Be. Cell No.							
101 Station Landing 4th f	ioor, Medior	U MA 02155		8f. Fax No.	099	8g. E-Mail Address	Address				
				on rux no.		og. c-mail Address					
9. Date of Recognition or Certifica	ition		10. Expiration Date December 31,		Most Recen	I Contract, if any (Mor	ath, Day, Yo	ear)			
11a. Is there now a strike or picke	ting at the Emplo	over's establishmer	nt(s) involved?	Yes XNo	11b. If so.	approximately how m	any employ	rees are participating?			
11c. The Employer has been pick	and the second se	Charles and an and a second						a labor organization, of			
(insert Address)						sino	e (Month, D	ay, Year)			
12. Organizations or individuals o	ther those name	d in items 8 and 11	c, which have claim	ed recognition	as represer	ntatives and other orga	nizations	none			
and individuals known to have 12a, Name	a representative 12b. Add		ployees in the unit of	described in ite	em 5 above. (If none, so state)			2d. Fax No.			
Tzd. Halle											
		12e. Cell No.		No.	12f. E-Mail	Address					
13. Election Details: If the NLR	3 conducts an el	ection in this			13a. Elect	tion Type: 🔀 Manual	Mail	Mixed Manual/Mail			
matter, state your position with											
	13b. Election Date(s)         13c. Election Time(s)           March 20, 2020         11:30 AM - 1:30 PM				PM Store Room						
March 20, 2020 14. Full Name of Petitioner		11.50 AM -	1.50 FM		Store N	0011					
(b) (6), (b) (7)(C)											
14a. Address (Street and number	city, state, ZIP	code)			14b. Tel. I	No.	14c. Fax N	0.			
(b) (6), (b) (7)(C)					(b) (6), (b) (7)(C)						
					14d. Cell	635343		4e. E-Mail Address			
					(b) (6), (	) (6), (b) (7)(C)					
14f. Affiliation, if any				and of the	o o o o to to	areas dire					
15. Representative of the Petitic 15a, Name	oner who will ac	cept service of all	papers for purpos	ses of the repr	15b.Title	proceeding.					
(b) (6), (b) (7)(C)											
	city state ZIP	code)			15d. Tel. I	No.	15e. Fax N	0.			
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)						(b) (6), (b) (7)(C)					
	ł				15g. E-Mai						
							(b) (6), (	b) (7)(C)			
I declare that I have read the ab	and the second se			best of my kn		nd belief.		Date Filed			
(b) (6), (b) (7)(C)		<sup>s</sup> (b) (6), (b) (			Title			Date Filed 3/2/2020			
	NTS O	N THIS PETITION	CAN BE PUNISHE	D BY FINE AN	D IMPRISO	ONMENT (U.S. CODE	TITLE 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 may cause the NLRB to decline to invoke its processes.