

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-257215

3-2-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
VNA OF CARE NEW ENGLAND

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
51 Health Lane, Warwick, RI 02886

**3a. Employer Representative - Name and Title**  
Jennifer Lee

**3b. Address (if same as 2b - state same)**  
SAME

**3c. Tel. No.**  
401-737-7050

**3d. Cell No.**

**3e. Fax No.**  
401-732-6201

**3f. E-Mail Address**  
jlee@vnacarenewengland.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Home Health

**4b. Principal product or service**  
Health Care

**5a. City and State where unit is located:**  
Multiple locations in Rhode Island

**5b. Description of Unit Involved**  
Included: All full-time, regularly scheduled part-time and per diem technical employees, including Physical Therapy Assistants and Certified Occupational Therapy Assistants.  
Excluded: All other employees including Registered Nurses, home health aides, Professionals and all supervisors and managerial employees as defined by the Act.

**5c. No. of Employees in Unit:**  
16

**5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/20 and Employer declined recognition on or about 2/28/20 (Date) (if no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**  
NONE

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, 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? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 6 and 9, which have claimed recognition as representatives and 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**  
None

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Thursday, March 12th, 2020

**11c. Election Time(s):**  
6:00 am - 8:00 am and 4:30 pm - 5:45 pm

**11d. Election Location(s):**  
WARWICK OFFICE - 51 Health Lane, Warwick, RI 02886

**12a. Full Name of Petitioner (including local name and number)**  
NEW ENGLAND HEALTHCARE EMPLOYEES UNION DISTRICT 1199

**12b. Address (street and number, city, state, and ZIP code)**  
319 Broadway, Providence, RI 02909

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

**12d. Tel. No.**  
(860)251-6036

**12e. Cell No.**  
973-985-4313

**12f. Fax No.**  
401-457-5099

**12g. E-Mail Address**  
earacena@seu1199ne.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Edgar Aracena, Vice President

**13b. Address (street and number, city, state, and ZIP code)**  
77 Huyshops, Ave., 111 Fl., Hartford, CT 06106

**13c. Tel. No.**  
(860)251-6053

**13d. Cell No.**  
(973) 985-4313

**13e. Fax No.**  
401-457-5099

**13f. E-Mail Address**  
earacena@seu1199ne.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Edgar Aracena

**Signature**

**Title**  
Vice President

**Date**  
2/28/20

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-257259

3-2-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
VNA OF CARE NEW ENGLAND

**2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)**  
51 Health Lane, Warwick, RI 02886

**3a. Employer Representative - Name and Title**  
Jennifer Lee

**3b. Address (If same as 2b - state same)**  
SAME

**3c. Tel. No.**  
401-737-7050

**3d. Cell No.**

**3e. Fax No.**  
401-732-6201

**3f. E-Mail Address**  
jlee@vnacarenewengland.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Home Health

**4b. Principal product or service**  
Health Care

**5a. City and State where unit is located:**  
Multiple locations in Rhode Island

**5b. Description of Unit Involved**

**Included:** All full-time, regularly scheduled part time and per diem professional employees, including Physical Therapists, Occupational Therapists, Speech Language Pathologists/Speech Therapists, Social Workers and Registered Dietitians.

**Excluded:** All other employees including Registered Nurses, home health aides, all supervisors and managerial employees as defined by the Act.

**6a. No. of Employees in Unit:**

39

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



**7a. Request for recognition as Bargaining Representative was made on (Date)** 2/28/20 and Employer declined recognition on or about 2/28/20 (Date) (If no reply received, so state).



**7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**  
NONE

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, 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? \_\_\_\_\_  
(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 representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

None

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Thursday, March 12th, 2020

**11c. Election Time(s):**  
8:00 am - 8:00 am and 4:30 pm - 5:45 pm

**11d. Election Location(s):**  
WARWICK OFFICE - 51 Health Lane, Warwick, RI 02886

**12a. Full Name of Petitioner (including local name and number)**  
NEW ENGLAND HEALTHCARE EMPLOYEES UNION DISTRICT 1199

**12b. Address (street and number, city, state, and ZIP code)**  
319 Broadway, Providence, RI 02909

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

**12d. Tel No.**  
(860)251-6036

**12e. Cell No.**  
973-985-4313

**12f. Fax No.**  
401-457-5099

**12g. E-Mail Address**  
earacena@seiu1199ne.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Edgar Aracena, Vice President

**13b. Address (street and number, city, state, and ZIP code)**  
77 Huyshope Ave., 1st Fl., Hartford, CT 06106

**13c. Tel No.**  
(860)251-6053

**13d. Cell No.**  
(973) 985-4313

**13e. Fax No.**  
401-457-5099

**13f. E-Mail Address**  
earacena@seiu1199ne.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Edgar Aracena

**Signature**

**Title**  
Vice President

**Date**  
2/28/20

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

**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
01-RC-257349Date Filed  
March 3, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Element South Windsor**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
80 Kimberly Drive, South Windsor, CT 06074**3a. Employer Representative - Name and Title:**  
Joyce Ryan, Human Resources Manager**3b. Address (if same as 2b - state same):**  
Same**3c. Tel. No.**  
1-888-786-7555**3d. Cell No.**  
1-860-266-8538**3e. Fax No.**  
Unknown**3f. E-Mail Address**  
joyce.ryan@element.com**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Testing Facility**4b. Principal Product or Service**  
Non-destructive testing**5a. City and State where unit is located:**  
South Windsor, Connecticut**5b. Description of Unit Involved:**  
Included:

Processor Levels I, II and III, Expeditors, Secretaries/admin asst., Inspectors, Quality

**6a. Number of Employees in Unit:**  
74Excluded:  
All others**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ on or about (Date) \_\_\_\_\_ (If no reply received, so state).

and Employer declined recognition

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
None**8b. Address:****8c. Tel. No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any:****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, 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? \_\_\_\_\_  
(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 representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name****10b. Address****10c. Tel. No.****10d. Cell No.****10e. Fax No.****10f. E-Mail Address****11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:**11a. Election Type:**☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**  
March 24, 2020**11c. Election Time(s):**  
5:30 AM-8:30 AM and 2:00 PM-5:00 PM**11d. Election Location(s):**  
Conference room**12a. Full Name of Petitioner (including local name and number):**  
International Association of Machinists and Aerospace Workers, District Lodge 26, AFL-CIO**12b. Address (street and number, city, State and ZIP code):**  
300 Saybrook Road, Higganum, CT 06441**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Machinists and Aerospace Workers, AFL-CIO**12d. Tel. No.**  
860-752-9480**12e. Cell No.**  
860-752-9480**12f. Fax No.**  
860-554-5279**12g. E-Mail Address**  
(b) (6), (b) (7)(C)**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.****13a. Name and Title:**  
Nicholas A. Scotto, Special Representative**13b. Address (street and number, city, State and ZIP code):**  
26 Court St, Ste 1710, Brooklyn, NY 11242**13c. Tel. No.**  
(929) 226-1724**13d. Cell No.**  
(631) 219-4116**13e. Fax No.**  
(646) 902-5720**13f. E-Mail Address**  
nscotto@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Nicholas A. Scotto**Signature****Title**  
Special Representative**Date**  
3/3/2020

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

## PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.	01-RC-257363	Date Filed	3-3-20
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> First Transit	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 100 Exeter Rd. RI Exeter 02822-
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<b>3a. Employer Representative - Name and Title</b> Travis Mills	<b>3b. Address (If same as 2b - state same)</b> 1 Peter Pan Way RI Providence 02904-
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<b>3c. Tel. No.</b> (401) 521-0780	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> travis.mills@firstgroup.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation	<b>4b. Principal product or service</b> Passenger Transportation	<b>5a. City and State where unit is located:</b> Providence, RI
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 14
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<b>Excluded:</b> See Attached Page 2 for additional details	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**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).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(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 representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> March 23, 2020	<b>11c. Election Time(s):</b> 12:00 noon to 3:00 p.m.	<b>11d. Election Location(s):</b> A Bus	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>12a. Full Name of Petitioner (including local name and number)</b> Thomas G. Cate Jr. Amalgamated Transit Union Division 618	<b>12b. Address (street and number, city, state, and ZIP code)</b> 172 Longfellow Street RI Providence 02907-2621
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Amalgamated Transit Union

<b>12d. Tel No.</b> (401) 785-4020	<b>12e. Cell No.</b> (401) 575-8238	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> tcate@transitunion618.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION	<b>13b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Ave MD Silver Spring 20903-1790
--	--

<b>13c. Tel No.</b> (301) 431-7100	<b>13d. Cell No.</b> (202) 714-4219	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> dsmith@atu.org
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Daniel B. Smith	<b>Signature</b> Daniel B. Smith	<b>Title</b> Assistant General Counsel	<b>Date</b> 03/2/2020 09:36:19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

1-RC-257458

Date Filed

March 5, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
NETA Brookline

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
160 Washington Street, Brookline, MA 02445

**3a. Employer Representative - Name and Title:**  
Eric Holler

**3b. Address (if same as 2b - state same):**  
SAME

**3c. Tel. No.**  
617-841-7250

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
holler@netacare.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Marijuana Dispensary

**4b. Principal Product or Service**  
Medical & Recreational

**5a. City and State where unit is located:**  
Brookline, MA

**5b. Description of Unit Involved:**  
**Included:**  
See Attached

**6a. Number of Employees in Unit:**  
146

**Excluded:**  
See Attached

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

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).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, 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? \_\_\_\_\_  
(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 representative interest in any employees in the unit described in item 5b above. (if none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 27, 2020

**11c. Election Time(s):**  
10AM to 2PM then 4PM to 6PM

**11d. Election Location(s):**

**12a. Full Name of Petitioner (including local name and number):**  
United Food & Commercial Workers, Local 1445

**12b. Address (street and number, city, State and ZIP code):**  
30 Stergis Way  
Dedham, MA 02026

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
United Food & Commercial Workers International Union, AFL-CIO, CLC

**12d. Tel. No.**  
781-461-6775

**12e. Cell No.**

**12f. Fax No.**  
781-461-0677

**12g. E-Mail Address**  
info@ufcwlocal1445.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Alfred Gordon O'Connell, counsel

**13b. Address (street and number, city, State and ZIP code):**  
Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Floor, Boston, MA 02109

**13c. Tel. No.**  
617-367-7200

**13d. Cell No.**

**13e. Fax No.**  
617-367-4820

**13f. E-Mail Address**  
agordon@pylerome.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Alfred Gordon O'Connell

**Signature**



**Title**  
counsel

**Date**  
3/5/2020

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.

EXHIBIT A to RC PETITION  
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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**01-RC-257461**

Date Filed  
**March 5, 2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**Komatsu America Corp (f/k/a F&M Equipment)**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**283 Pane Road, Newington, CT 06111**

3a. Employer Representative - Name and Title  
**Angela Debro, Regional Human Resource Manager**

3b. Address (If same as 2b - state same)  
**2240 Bethlehem Pike, Hatfield Pennsylvania, 19440**

3c. Tel. No.  
**267-956-1963**

3d. Cell No.  
**215-852-6134**

3e. Fax No.

3f. E-Mail Address  
**adebro@komatsuna.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**Equipment Dealership**

4b. Principal product or service  
**Equipment Sales**

5a. City and State where unit is located:  
**Newington, CT**

5b. Description of Unit Involved

Included: **All parts counter and parts warehouse employees**

Excluded: **All office clerical employees, professional employees, guards, and supervisors defined under the Act.**

6a. No. of Employees in Unit:  
**4**

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **3/5/2020** and Employer declined recognition on or about **3/5/2020** (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
**None**

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **n/a** If so, approximately how many employees are participating? \_\_\_\_\_  
(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 representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
**March 19, 2020**

11c. Election Time(s):  
**7:00am-9:00am**

11d. Election Location(s):  
**Lunchroom**

12a. Full Name of Petitioner (including local name and number)  
**Operating Engineers Local 478**

12b. Address (street and number, city, state, and ZIP code)  
**1965 Dixwell Avenue, Hamden, CT 06514**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Union of Operating Engineers**

12d. Tel No.  
**203-288-9261**

12e. Cell No.  
**860-227-6200**

12f. Fax No.  
**203-230-4429**

12g. E-Mail Address  
**michael.gates@local478.org**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
**John T. Fussell**

13b. Address (street and number, city, state, and ZIP code)  
**333 East River Drive, Suite 101, East Hartford, CT 06108**

13c. Tel No.  
**860-290-9610**

13d. Cell No.  
**860-305-4497**

13e. Fax No.  
**860-290-9611**

13f. E-Mail Address  
**jfussell@cheverielaw.com**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
**Michael Gates**

Signature  


Title  
**Business Agent/Organizer**

Date  
**3/5/2020**

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. The privacy uses 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.

**HYBLOXO CORRECTIONAL  
INSTITUTION**



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No.  
01-RC-257565

Date Filed  
3/6/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 8b 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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Bob's Discount Furniture		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 428 Tolland Turnpike, Manchester, CT 06042	
3a. Employer Representative - Name and Title: Ed Soulier Vice President		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 860-645-3208	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ed.soulier@mybobs.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Retail Facility		4b. Principal Product or Service: Furniture	5a. City and State where unit is located: Manchester, CT
5b. Description of Unit Involved: Included: All regular full and part time warehouse workers employed at the Manchester facility. Excluded: All guards, professional employees and supervisors as defined in the Act.			6a. Number of Employees in Unit: 13  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/05/20 (If no reply received, so state) and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) n/a		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> if so, approximately how many employees are participating? (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 representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 03/27/20	11c. Election Time(s): 2:00pm-3:00pm	11d. Election Location(s): Conference Room #2	
12a. Full Name of Petitioner (including local name and number): U.F.C.W. Local 919		12b. Address (street and number, city, State and ZIP code): 6 Hyde Road, Farmington, CT 06032	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers			
12d. Tel. No. 860-677-9333	12e. Cell No.	12f. Fax No. 860-677-9650	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: J. William Gagne, Jr. Attorney		13b. Address (street and number, city, State and ZIP code): 1 Congress Street, 3rd Floor, Hartford, CT 06114	
13c. Tel. No. 860-522-5049	13d. Cell No.	13e. Fax No. 860-561-6204	13f. E-Mail Address jwgagne@snet.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) J. William Gagne, Jr.	Signature 	Title Attorney	Date 03/06/20

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.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>01-RC-257633</b>	Date Filed <b>March 9, 2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Sodexo</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>35 Corporate Drive, Trumbull, CT 06611</b>	
3a. Employer Representative - Name and Title <b>Tom Russo, Director of Operations</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>203-459-2458</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>thomas.russo@sedexo.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Facility Management</b>		4b. Principal product or service <b>Maintenance of service plaza</b>	
5a. City and State where unit is located: <b>Trumbull, CT</b>		5b. Description of Unit Involved <b>Included: All maintenance employees.</b> <b>Excluded: All office clerical employees, professional employees, guards and supervisors as defined under the Act.</b>	
6a. No. of Employees in Unit: <b>5</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>3/9/2020</b> and Employer declined recognition on or about <b>3/9/2020</b> (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
---	---

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(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 representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>March 30, 2020</b>	11c. Election Time(s): <b>8:00am - 12:00pm</b>	11d. Election Location(s): <b>35 Corporate Drive, Trumbull, CT</b>
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12a. Full Name of Petitioner (including local name and number) <b>Teamsters Local 191</b>	12b. Address (street and number, city, state, and ZIP code) <b>1139 Fairfield Avenue, Bridgeport, CT, 06605</b>
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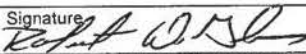
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Brotherhood of Teamsters**

12d. Tel No. <b>203-368-0231</b>	12e. Cell No. <b>203-449-1196</b>	12f. Fax No. <b>203-333-9112</b>	12g. E-Mail Address <b>office@teamsterslocal191.com</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>John Fussell, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>333 East River Drive, Suite 101, East Hartford, CT 06108</b>	
13c. Tel No. <b>860-290-9610</b>	13d. Cell No. <b>860-305-4497</b>	13e. Fax No. <b>860-290-9611</b>	13f. E-Mail Address <b>jfussell@cheverielaw.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Robert DiGirolamo</b>	Signature 	Title <b>Business Agent</b>	Date <b>3/9/2020</b>
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**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 will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

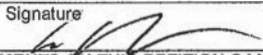
DO NOT WRITE IN THIS SPACE

Case No. 01-RC-257843

Date Filed 3-11-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer NSMC Healthcare, Inc. - Salem Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 81 Highland Avenue, Salem, MA 01970	
3a. Employer Representative - Name and Title David J. Roberts, M.D., President		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 978.741.1200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address droberts1@partners.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital	4b. Principal product or service Hospital Services		5a. City and State where unit is located: Salem, Massachusetts
5b. Description of Unit Involved Included: See attached Excluded: See attached			6a. No. of Employees in Unit: 1100 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/10/2020 and Employer declined recognition on or about 3/10/2020 (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, 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? _____ (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 representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 25, 2020	11c. Election Time(s): 5am - 8am and 1pm - 4pm	11d. Election Location(s): Davenport 102A & B	
12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 108 Myrtle St, Quincy, MA 02171	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union			
12d. Tel No. (617) 474-7140	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Ian O. Russell, Counsel		13b. Address (street and number, city, state, and ZIP code) 2 Liberty Square, 10th Floor, Boston, MA 02109	
13c. Tel No. 617-367-7200	13d. Cell No.	13e. Fax No.	13f. E-Mail Address lrussell@pylerome.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Ian Russell	Signature 	Title Counsel for Petitioner	Date 3/11/20

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

**PRIVACY ACT STATEMENT**

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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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


01-RC-257856

Date Filed

3/11/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> LinCare Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 53 Capital DR, West Springfield MA 01089	
<b>3a. Employer Representative - Name and Title:</b> Erica Rivera Suttles		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (413) 734-2562	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (413) 734-1242	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Healthcare		<b>4b. Principal Product or Service</b> Healthcare products	<b>5a. City and State where unit is located:</b> West Springfield MA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Healthcare Specialists, Customer Service Representatives and Service Representatives. <b>Excluded:</b> All other employees including Managers, Supervisors, Sales Representatives and Guards as define in			<b>6a. Number of Employees in Unit:</b> 11 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (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 representative interest in any employees in the unit described in item 5b above. (If none, so state)			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> if the NLRB conducts and election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 03/30/2020		<b>11c. Election Time(s):</b> TBD	<b>11d. Election Location(s):</b> West Springfield Facility
<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Teamsters Joint Council 10 New England		<b>12b. Address (street and number, city, State and ZIP code):</b> 544 Main St. Boston MA 02129	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters Joint Council 10 New England			
<b>12d. Tel. No.</b> (617) 241-3989	<b>12e. Cell No.</b> (857) 274-0750	<b>12f. Fax No.</b> (617) 241-7512	<b>12g. E-Mail Address</b> mdepina@teamstersjointcouncil10.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Milton Depina Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 544 Main St. Boston MA 02129	
<b>13c. Tel. No.</b> (617) 241-3989	<b>13d. Cell No.</b> (857) 274-0750	<b>13e. Fax No.</b> (617) 241-7512	<b>13f. E-Mail Address</b> mdepina@teamstersjointcouncil10.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Milton Depina		<b>Signature</b> 	<b>Title</b> Organizer <b>Date</b> 03/11/2020

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. § 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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

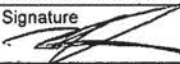
01-RC-257875

Date Filed

3-11-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.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-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Hilton Garden Inn East Boston		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 100 Boardman Street, Boston, MA 02128	
<b>3a. Employer Representative - Name and Title:</b> Kevin Buchannan, General Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 857-256-2222	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 617-561-0798	<b>3f. E-Mail Address</b> Kevin.Buchannan@hilton.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotel		<b>4b. Principal Product or Service</b> Accommodation	<b>5a. City and State where unit is located:</b> Boston, MA
<b>5b. Description of Unit Involved:</b> Included: see attached Excluded:			<b>6a. Number of Employees in Unit:</b> 32
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 03/10/20 <b>and Employer declined recognition</b> on or about (Date) <u>no reply received</u> (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <b>If so, approximately how many employees are participating?</b> (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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 representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> April 2, 2020		<b>11c. Election Time(s):</b> 7:00-8:00am, 1:00-4:30pm	
		<b>11d. Election Location(s):</b> Logan/Revere Room	
<b>12a. Full Name of Petitioner (including local name and number):</b> UNITE HERE Local 26		<b>12b. Address (street and number, city, State and ZIP code):</b> 101 Station Landing, 4th Floor Medford, MA 02155	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> UNITE HERE			
<b>12d. Tel. No.</b> 617-832-6699	<b>12e. Cell No.</b> 857-272-5359	<b>12f. Fax No.</b> 617-426-7684	<b>12g. E-Mail Address</b> mkramer@local26.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Michael T. Anderson		<b>13b. Address (street and number, city, State and ZIP code):</b> 33 Harrison Ave, 7th Floor Boston, MA 02111	
<b>13c. Tel. No.</b> 617-227-5720	<b>13d. Cell No.</b> 617-279-3965	<b>13e. Fax No.</b> 617-227-5767	<b>13f. E-Mail Address</b> manderson@murphypplc.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Michael Kramer		<b>Signature</b> 	<b>Title</b> Organizing Director
		<b>Date</b> 03/11/20	

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

## PRIVACY ACT STATEMENT

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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.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

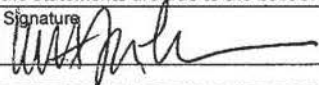
01-RC-257923

Date Filed

3-12-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.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.

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<b>2a. Name of Employer:</b> Compass Group d/b/a Chartwells		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 90 Pleasant View Ave. Smithfield, RI 02917	
<b>3a. Employer Representative - Name and Title:</b> Lori Richard		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 401-231-8662	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Lori.Richard@Compass-USA.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Public School Food Service K-12		<b>4b. Principal Product or Service</b> Food Service	
<b>5a. City and State where unit is located:</b> Smithfield, RI		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time food service workers in Smithfield, RI K-12 School District <b>Excluded:</b> all other classifications including clericals, guards and supervisors	
<b>6a. Number of Employees in Unit:</b> 15		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>March 5</u> and Employer declined recognition on or about (Date) <u>No Reply</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (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 representative interest in any employees in the unit described in item 5b above. (If none, so state)			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> April 2		<b>11c. Election Time(s):</b> 2:30-3:30	
<b>11d. Election Location(s):</b> 90 Pleasant View Ave Cafeteria			
<b>12a. Full Name of Petitioner (including local name and number):</b> UniteHere Local 26		<b>12b. Address (street and number, city, State and ZIP code):</b> 172 Longfellow Street Providence, RI 02907	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> UniteHere International Union, AFL-CIO			
<b>12d. Tel. No.</b> 401-528-1103	<b>12e. Cell No.</b> 617-543-2851	<b>12f. Fax No.</b> 401-528-1177	<b>12g. E-Mail Address</b> Niadeluca@local26.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Michael T. Anderson		<b>13b. Address (street and number, city, State and ZIP code):</b> 33 Harrison Ave. 7th Fl, Boston, MA 02111	
<b>13c. Tel. No.</b> 617-227-5720	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 617-227-5767	<b>13f. E-Mail Address</b> manderson@murphypilc.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Nancy Iadeluca		<b>Signature</b> 	<b>Title</b> RI Director
<b>Date</b> 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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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

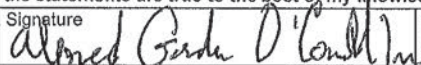
01-RC-257982

Date Filed

3-13-2020

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<b>2a. Name of Employer:</b> Mayflower Medicinals		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 89 October Hill Road, Holliston, MA 01746	
<b>3a. Employer Representative - Name and Title:</b> Thomas McDonough, Esquire		<b>3b. Address (if same as 2b - state same):</b> Jackson, Lewis, 44 South Broadway 14th Floor, New York, NY 10601	
<b>3c. Tel. No.</b> 914-872-8060	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 914-946-1216	<b>3f. E-Mail Address</b> Thomas.McDonough@jacksonlewis.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Marijuana Dispensary		<b>4b. Principal Product or Service</b> Medical and Recreational	<b>5a. City and State where unit is located:</b> Holliston, MA
<b>5b. Description of Unit Involved:</b> Included: SEE ATTACHED  Excluded: SEE ATTACHED			<b>6a. Number of Employees in Unit:</b> 32
<b>Check One:</b> <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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 representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
			<b>10e. Fax No.</b>
			<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: _____			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
<b>12a. Full Name of Petitioner (including local name and number):</b> United Food & Commercial Workers Union, Local 1445		<b>12b. Address (street and number, city, State and ZIP code):</b> 30 Stergis Way, Dedham, MA 02026	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food & Commercial Workers Union Local 1445, AFL-CIO			
<b>12d. Tel. No.</b> 781-461-6775	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 781-461-0677	<b>12g. E-Mail Address</b> INFO@UFCWLOCAL1445.ORG
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Alfred Gordon O'Connell, Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Fl, Boston MA 02109	
<b>13c. Tel. No.</b> 617-367-7200	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 617-367-4820	<b>13f. E-Mail Address</b> agordon@pylerome.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Alfred Gordon O'Connell		<b>Signature</b> 	<b>Title</b> Counsel
			<b>Date</b> 3.13.2020

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

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EXHIBIT A to RC PETITION  
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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
01-RD-257448Date Filed  
3/5/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Compass Group

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
Boston Logan International Airport, 1 Harborside Dr., East Boston, MA 02128

3a. Employer Representative - Name and Title  
Ashleigh Ciulla

3b. Address (If same as 2b - state same)  
2400 Yorkmont Road, Charlotte, NC 28217

3c. Tel. No.  
704-928-8599

3d. Fax No.

3e. Cell No.

3f. E-Mail Address  
ashleigh.ciulla@compass-usa.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Service provider

4b. Principal product or service  
Food and beverage

5a. Description of Unit Involved  
Included:  
All full-time and regular part-time employees employed by the Employer, in its food and beverage operation

5b. City and State where unit is located:  
East Boston, MA

Excluded:  
Office clerical ees, professional ees, managerial ees, chefs, temporary ees, guards and supervisors

6. No. of Employees in Unit  
49

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent  
UNITE HERE Local 26, AFL-CIO

8b. Affiliation, if any

8c. Address  
101 Station Landing 4th floor, Medford MA 02155

8d. Tel. No.  
617-832-6699

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
December 31, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (insert Address) since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) none

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)  
March 20, 2020

13c. Election Time(s)  
11:30 AM - 1:30 PM

13d. Election Location(s)  
Store Room

14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

(b) (6), (b) (7)(C)

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

(b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name  
(b) (6), (b) (7)(C)

15b. Title

15c. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

15d. Tel. No.

(b) (6), (b) (7)(C)

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

(b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

(b) (6), (b) (7)(C)

S (b) (6), (b) (7)(C)

Title

Date Filed

3/2/2020

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

## PRIVACY ACT STATEMENT

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