FORM NLRB-502 (RC)	UNITI	ED STATES OF	AMERIC	A						DO NOT V	RITE IN THIS S	SPACE	
(2-18)		LABOR RELAT		DARD	•			Case (		-22840	50	Date Fil 10-	<sup>ed</sup> 2–18
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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.									ervice on presentation				
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: Twin River-Tiverton, LLO	777-1	b. Address(es) of Establishment(s) involved <i>(Street and number, City, State, ZIP code):</i> /77 Tiverton Casino Blvd.											
Casino Hotel			Tive	rton,	RI 02	2878-24	497						
3a. Employer Representative - Nan Joseph Moore - General N Renee Bianco - HR Mana	Aanager		3b. Add same		(if same	as 2b - st	ate same	):					
3c. Tel, No,	3d. Cell No			3e. F	Fax No.				3f, E-Mail A	ddress			
401.816.6000										and rbiar	nco@twinri		
4a. Type of Establishment (Factory, Casino	mine, whole	saler, etc.)			Principal ming	Product of	or Service	•		5a. City an Tiverto	id State where u n, RI	nit is loca	ited:
5b. Description of Unit Involved: Included:	Daint Tim	na Tabla Ga	ma D	oolo	-0					6a. Numbe 150	er of Employees	in Unit	
All Full-Time and regular	Fall-III	lie Table Ga	une D	calei	15					6b. Do a s	ubstantial numbe	er (30% c	r more)
All other employees, man			· · · · ·				y the A	\ct		of the e	employees in the ented by the Peti	unit wist	to be
Check One: X 7a. Request for rec on or about (Date) 7b. Petitioner is cui	· .	(İf n	o reply r	eceive	ed, so st	ate).	by thi	<u> </u>		d Employer	declined recognit	tion	
8a. Name of Recognized or Certifie				_	8b. Add		ermoan		Jei ine Aci.			******	
Bc. Tel. No.	8d. Cell No			8e. F	ax No.				8f. E-Mail A	ddress			
8g. Affiliation, if any:	<u> </u>		8	Bh. 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 a	t the Employ	er's establishme	nt(s) invo	olved?	'No	If	so, appro	ximat	ely how man	ny employee	s are participatin	ig?	
(Name of Labor Organization)		·····									er since (Monlh,		
10. Organizations or individuals other individuals known to have a repre Rhode Island Laborers' D	esentative in	terest in any emp	loyees in	n the u	init desc	ribed in it	em 5b ab	ove. (	'lf none, so s	state)			
10a. Name Michael F. Sabitoni,		10b. Address 410 South M	Main S	Stree	et				10c. Tel. No. 401.331.1043		10d. Cell No.		
Business Manager		Providence	, RI 02	2903	i				10e. Fax N 401.861		101. E-Mail Add michael@		271 ога
11. Election Details: If the NLRB co	nducts and e	election in this ma	atter, sta	te you	r positio	n with res	pect to ar				ý v	,100a12	271.01g
11b. Election Date(s):		11c. Election Tin								🗙 Manua	ul 🛄 Mail [	Mixed	Manual/Mail
October 19, 2018		11am-1pm		pm-7	•				conferen	11d. Election Location(s): conference room			
12a. Full Name of Petitioner (includ International Union, Unite	ed Auton	nobile, Aero	space		1  8	3000 E	Jeffers	son	Avenue	, State and J	ZIP code):		
Agricultural Implement W						Detroit,	·					•	i.
12c. Full name of national or internat International Union, Unite	ed Auton	nobile, Aero	space	, and	l Agr	iliate or co cultura	nstituent 1 Impl	(if nor eme	nt Work	ers of Ai	nerica, UA	Ŵ	
12d. Tel. No. 313.926.5216	12e. Cell N			313	Fax No. 3.926.				12g. E-Mai		-		
13. Representative of the Petitione 13a. Name and Title: Stuart Shoup, Assistant Gen			f ali pap	13b. 800	Addres 0 E Je		nd numb Avenu	er, city	on proceed y, State ànd		•		
13c. Tel. No. 313.926.5216	13d. Cell N 734.775	.6732		13e.	Fax No				sshoup(	f. E-Mail Address houp@uaw.net			
I declare that I have read the above Name (Print)	e petition ar			re tru	e to the	gest of t	know	ledge Title					Date
Stuart Shoup		Signature	M	¥	$\leq$	1/	/			General C	Counsel	······.	10/02/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUMSHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) RIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations/Act (NLRA), 29 U.S.C. 9 151 *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 rolytime 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 roluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

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UNITED STA	UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE							
NATIONAL LABO	OR RELATIONS BOA	ARD	Case No.		Date	Filed		
	ETITION			228331				
						0/1/18		
INSTRUCTIONS: Unless e-Filed								
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2a. Name of Employer		2b. Add	dress(es) of Establishmen	t(s) involved (Street ar	nd number, city	, State, ZIP code)		
Lecrenski Brothers Inc.			Delmont Ave	,, .		· · · ·		
3a. Employer Representative – Name	and Title	M/4	Westfield 01085-3300 3b. Address (If same as	2b – state same)		······································		
Nancy Lecrenski			14 Delmont Ave MA Westfield 010					
3c. Tel. No.	3d, Cell No.		MA Westfield 01.0	85-3300	3f. E-Mail Add			
	50. Cell NO.		JE. PAX NO.		lbischooltrans@			
(413) 572-0533			· · · · · · · · · · · · · · · · · · ·					
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal prod			5a. City a	and State where unit is located:		
			Student Transportat	ion	,	Westfield, MA		
5b. Description of Unit Involved					1	6a. No. of Employees in Unit:		
Included: See Attached Page 2 for add	ditional details					22		
						6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for add						or more) of the employees in the unit wish to be represented by the		
Excluded: See Attached Page 2 for add	ditional details					Petitioner? Yes [1] No [1]		
					l			
Check One: 7a. Request fo	-		ive was made on (Date) _	and	Employer dec	lined recognition on or about		
		(If no reply received	•					
			presentative and desires	certification under the	Act.	<u> </u>		
8a. Name of Recognized or Certified I	Bargaining Agent (h	f none, so state).	8b. Address					
		<u> </u>			01 5 11 1 1 1 1			
8c. Tel No.         8d Cell No.         8e. Fax No.         8f. E-Mail Address								
				Codification				
8g. Affiliation, if any			8h. Date of Recognition of	r Certification	Bi. Expiration [	Date of Current or Most Recent		
8g. Affiliation, if any				r Certification	Bi. Expiration [			
			8h. Date of Recognition o		Bi. Expiration I Contract, if an	Date of Current or Most Recent y ( <i>Month, Day, Year</i> )		
9. Is there now a strike or picketing at th		shment(s) involved?	8h. Date of Recognition of Recogniti	imately how many em	Bi. Expiration I Contract, if an	Date of Current or Most Recent y ( <i>Month, Day, Year</i> )		
		shment(s) involved?	8h. Date of Recognition of Recogniti	imately how many em	Bi. Expiration I Contract, if an	Date of Current or Most Recent y ( <i>Month, Day, Year</i> )		
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9. Is there now a strike or picketing at th (Name of labor organization)	an Petitioner and the	shment(s) involved?	8h. Date of Recognition of P If so, approx eted the Employer since (if and 9, which have claim	imately how many em Month, Day, Year) ed recognition as repr	8i. Expiration I Contract, if an ployees are pa	Date of Current or Most Recent y (Month, Day, Year) rticipating?		
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PRIVACY ACT STATEMENT

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

DO NOT WRIT	TE IN THIS SPACE	
Case	Date Filed	
01-RC-228331	10/1/18	

## Employees Included

All full-time and regular part-time monitors employed by the Employer at its Westfield, MA facility. (The Petition seeks and Armour Globe Election to include the petitioned-for employees within an existing unit of the Employer's Westfield, MA regular and spare mini-bus drivers.)

## Employees Excluded

All other employees, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

FORM NLRB-502 (RC) (4-15)	:	• [ 7 + - + = = = = = = = = = = = = = =	t				
	S GOVERNMEN		·. r			WRITE IN THI	S SPACE
NATIONAL LABOR				Case No.	DONO	Date	
RC PE	TITION	· · ·	- * <u>* ;</u> .	01-RC	-228353	· 1 1	0-1-18
INSTRUCTIONS: Unless e-Filed us	ing the Agen	cy's website. w	ww.nirb.ad	ov. submit a	n original of this	Petition to a	n NLRB office in the Region
In which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descrip							
with the NLRB and should not be							
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela	RTIFICATION C	F REPRESENTAT	IVE - A subs	lantial number ployees. The	Petitioner alleges t	hat the followin	circumstances exist and
2a. Name of Employer Cape Cod Hospital		2b. A	ddress(es) of ark St Hya	Establishment	(a) involved (Street	end number, cily	(, State, ZIP code)
3a. Employer Representative - Name an	d Tike		3b. Addre	as (If same as	2b – state same)		
Brian Basili		• .	Same				
3c. Tel, No.	3d. Cell No.		3e. Fax N	0.		3f. E-Mail Add	
508-862-5718	NA		NA				apeCodHealth.org
4a, Type of Establishment (Factory, mine, Hospital	wholesaler, etc.)	4b. Principal pro	oduct or servi	ce		ба. City Hvanni	and State where unit is located:
5b. Description of Unit Involved	· · ·	10000111					6a. No. of Employees in Unit:
Included: all fulltime and part ti	me armed a	and unarmed	security (	officers em	nloved by the	employer	24
			ocounty (		ipioyed by the	cripicyor	6b. Oo a substantial number (30%
clerical, manageria	al, salaried	, and super	visory pe	ersonel a	s defined by	the act	or more) of the employees in the unit wish to be represented by the Pet(lioner? Yes / No
		gaining Represent			IA ar	d Employer dec	lined recognition on or about
	(Date)	(If no reply receive	od, so state).	NA			-
7b. Petitioner is c	urrently recogniz	ed as Bargeining R	vitetnesenges		partification under the	e Act.	
8a. Name of Recognized or Certified Bar SECURITY, POLICE, AND FIRE PROFE	SSIONALS OF	AMERICA	2		RD ROSEVILLE M		
8c. Tel No, (586) 772-7250	8d Cell No. NA		8e. Fax N 586-772-9			8f. E-Mail Add spfpspres@sp	
8g. Affiliation, if any			8h. Date of	Recognition or	Certification	8i, Expiration (	Date of Current or Most Recent
SPFPA INTERNATION			NA	<del></del>		September 30	
9. Is there now a strike or picketing at the E	mployer's establ			- • • •	imately how meny er		rticipating? NA
(Name of labor organization) NA				• • •	Konth, Day, Year) 上		
10. Organizations or individuals other than known to have a representative interest in a NA						resentatives and	l other organizations and individuals
10a. Name	10b. Ad	ldress			10c. Tel, No. NA		10d. Cell No. NA
INA	NA	<b>\ .</b>			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct	t an election in th	le matter, state you	ur position wit	th respect to	NA 11s. Election Type	Manual	NA ✓ Mall / Mixed Manual/Mail
any such election, 11b. Election Date(s);		Icction Time(s):			11d. Election Loca	tion(s):	
first available 12a. Full Name of Petitioner (including id		900, 1500-1600			Work Site (Laroso		city, state, and ZIP code)
United Government Security Officers of A							ireham, MA 02538
12c, Full name of national or International I United Government Security Officers of A			r is an affillate	or constituent	(If none, so state)		
12d. Tsl No.	12e. Cell No.		12f. Fax N	10,		12g. E-Mail Ac	
817-820-7225 13. Representative of the Petitioner who	617-620-7225		NA	of the redress	totation proceeding	Mieblanc@ugs	soa.com
138, Name and Title Mike LeBlanc DHS Vice	-		13b. Addr	esa (street and	i number, city, state, el Wareham, MA 02538	and ZIP code)	
13c. Tel No,	13d. Cell No.		13e. Fax f	No.		13f. E-Mail Ad	
617-620-7225	617-620-7226		774-678-4			Mieblanc@uga	mo.som
I declare that I have read the above petit	ion and that the	statements are tr		st of my know	leage and belief.	·	
Name (Print)	MIL	121	Title	Drasidčet LICS		Date ion 10/1/2018	-
Mike LeBianc	AITS ANTHIO D	ETTION CAN DE			OA International Un		E 18 SECTION 1001

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

	S GOVERNMENT	Г			WRITE IN THIS	SPACE		
NATIONAL LABOR RELATIONS BOARD Case No. Date Filed								
RC PE	TITION		4	2-228876		0/10/18		
INSTRUCTIONS: Unless e-Filed us		v's wahsita www						
in which the employer concerned								
of service showing service on the								
(Form NLRB-505); and (3) Descript				КВ 4612). The Si	nowing of inte	erest snould only be filed		
with the NLRB and should not be s				i i i i i i i i i i i i i i i i i i i		6		
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d								
requests that the National Labor Rela								
2a. Name of Employer			ss(es) of Establishment			State, ZIP code)		
Berkshire Gas Company			eshire Road, Pitt		201			
3a. Employer Representative – Name and			b. Address (If same as		00477			
Kyra Patterson, V.P. Human R	•		80 Marshall Roa	d, Orange, CT				
3c. Tel. No.	3d. Cell No.	3	se. Fax No.		3f. E-Mail Addr			
203-499-2337						son@avangrid.com		
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal product				and State where unit is located:		
Utility Company		Distribution of N	Natural Gas		Pittsfiel	· · · · · · · · · · · · · · · · · · ·		
5b. Description of Unit Involved	amplaued by	the employer at it	Dittofield MA for	sility		6a. No. of Employees in Unit:		
Included: All full-time dispatchers	empioyea by	the employer at its	s Pittsfield, IVIA fad	anty	ŀ	4 01 D		
						6b. Do a substantial number (30% or more) of the employees in the		
Excluded: Guards and Supervisors	s as defined b	ey the Act.				unit wish to be represented by the		
						Petitioner? Yes 🗸 No 🛄		
Check One: 7a. Request for re	ecognition as Barg	gaining Representative	was made on (Date)	ar	d Employer decl	ined recognition on or about		
	(Date)	(If no reply received, so	o state).					
			esentative and desires of	certification under the	e Act.			
8a. Name of Recognized or Certified Bar	gaining Agent (I	f none, so state).	8b. Address					
N/A								
8c. Tel No.	8d Cell No.	8	e. Fax No.		8f. E-Mail Addr	ess		
8g Affiliation if any		8h.	Date of Recognition or	Certification	8i, Expiration D	ate of Current or Most Recent		
8g. Affiliation, if any		8h.	. Date of Recognition or	Certification	•	Date of Current or Most Recent (Month, Day, Year)		
8g. Affiliation, if any		8h.	Date of Recognition or	Certification	•			
8g. Affiliation, if any 9. Is there now a strike or picketing at the E	mployer's establi			Certification	Contract, if any	ı (Month, Day, Year)		
	mployer's establi	shment(s) involved?		imately how many er	Contract, if any	ı (Month, Day, Year)		
9. Is there now a strike or picketing at the E (Name of labor organization)		shment(s) involved? <u>}</u> , has picketed	If so, approx d the Employer since (/	imately how many er Month, Day, Year)	Contract, if any	r (Month, Day, Year) ticipating?		
9. Is there now a strike or picketing at the E	Petitioner and the	shment(s) involved? <u>h</u>	If so, approx d the Employer since ( <i>I</i> nd 9, which have claim	imately how many er Month, Day, Year) ed recognition as rep	Contract, if any	r (Month, Day, Year) ticipating?		
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<ul> <li>9. Is there now a strike or picketing at the E (Name of labor organization)</li> <li>10. Organizations or individuals other than known to have a representative interest in a 10a. Name</li> <li>11. Election Details: If the NLRB conducts any such election.</li> <li>11b. Election Date(s): November 2, 2018</li> <li>12a. Full Name of Petitioner (<i>including lo</i> Connecticut Independent Utility Work 12c. Full name of national or international la N/A</li> <li>12d. Tel No.</li> <li>13a. Name and Title J. William C</li> <li>13c. Tel No.</li> <li>860-522-5049</li> <li>1 declare that I have read the above petitt Name (<i>Print</i>)</li> </ul>	Petitioner and the any employees in 10b. Ad s an election in th 11c. E 12:30 cal name and ni (ers abor organization 12e. Cell No. will accept serv Sagne, Jr 13d. Cell No.	shment(s) involved? , has picketer se named in items 8 ar the unit described in ite idress is matter, state your po lection Time(s): pm - 2:30 pm umber) of which Petitioner is a 1. ice of all papers for p 1 ice of all papers for p 1 1 1 86 statements are true to	If so, approx d the Employer since (I nd 9, which have claim em 5b above. (If none, osition with respect to an affiliate or constituen 2f. Fax No. So. Address (street and Congress Street, Suite 3e. Fax No. 50-561-6204 o the best of my know fitte	imately how many er Month, Day, Year) ed recognition as rep so state) ; 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 115 Cheshire Ro 12b. Address (stre 100 Pitkin Street t (if none, so state) entation proceedin d number, city, state, 300, Hartford, CT 0	Contract, if any mployees are par resentatives and tion(s): vad, Pittsfield, et and number, c , Suite B, Eas 12g. E-Mail Add g. and ZIP code) 6114 13f. E-Mail Add jwgagne@snu	ticipating? ticipating? tother organizations and individuals 10d. Cell No. 10f. E-Mail Address MailMixed Manual/Mail MA 01201 MA 01201 thartford, CT 06108 dress et.net		
<ul> <li>9. Is there now a strike or picketing at the E (Name of labor organization)</li> <li>10. Organizations or individuals other than known to have a representative interest in a</li> <li>10a. Name</li> <li>11a. Name</li> <li>11a. Name</li> <li>11b. Election Details: If the NLRB conducts any such election.</li> <li>11b. Election Date(s): November 2, 2018</li> <li>12a. Full Name of Petitioner (<i>including la</i> Connecticut Independent Utility Worf 12c. Full name of national or international la N/A</li> <li>12d. Tel No.</li> <li>13. Representative of the Petitioner who 13a. Name and Title J. William G 860-522-5049</li> <li>I declare that I have read the above petiti Name (<i>Print</i>) J. William Gagne, Jr.</li> </ul>	Petitioner and the any employees in 10b. Ad s an election in th 11c. E 12:30 cal name and n ers abor organization 12e. Cell No. will accept serv Cagne, Jr 13d. Cell No. ion and that the	shment(s) involved? , has picketer be anmed in items 8 ar the unit described in ite idress is matter, state your por lection Time(s): pm - 2:30 pm umber) of which Petitioner is a 1. ice of all papers for p 1 1 1 1 1 1 1 1 1 1 1 1 1	If so, approx d the Employer since ( <i>I</i> and 9, which have claim em 5b above. ( <i>If none</i> , bosition with respect to an affiliate or constituen 2f. Fax No. 3b. Address ( <i>street and</i> Congress Street, Suite 3e. Fax No. 30-561-6204 o the best of my know itile ttorney	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 115 Cheshire Ro 12b. Address (street 100 Pitkin Street t (if none, so state) entation proceedin. d number, city, state, 300, Hartford, CT 0	Contract, if any mployees are par resentatives and imployees are par resentatives and imployees are par resentatives and imployees are par Manual [] imployees are par Manual [] imployees are par imployees are par model of the part imployees are par imployees are p	r (Month, Day, Year) ticipating? l other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail MA 01201 ify, state, and ZIP code) t Hartford, CT 06108 dress dress et.net 0, 2018		
<ul> <li>9. Is there now a strike or picketing at the E (Name of labor organization)</li> <li>10. Organizations or individuals other than known to have a representative interest in a 10a. Name</li> <li>11. Election Details: If the NLRB conducts any such election.</li> <li>11b. Election Date(s): November 2, 2018</li> <li>12a. Full Name of Petitioner (<i>including lo</i> Connecticut Independent Utility Work 12c. Full name of national or international la N/A</li> <li>12d. Tel No.</li> <li>13a. Name and Title J. William C</li> <li>13c. Tel No.</li> <li>860-522-5049</li> <li>1 declare that I have read the above petitt Name (<i>Print</i>)</li> </ul>	Petitioner and the any employees in 10b. Ad s an election in th 11c. E 12:30 cal name and n ers abor organization 12e. Cell No. will accept serv Cagne, Jr 13d. Cell No. ion and that the	shment(s) involved? , has picketer se named in items 8 ar the unit described in ite idress is matter, state your po lection Time(s): pm - 2:30 pm umber) of which Petitioner is a 1. ice of all papers for p 1 ice of all papers for p 1 1 86 statements are true to At ENTION CAN BE PUN	If so, approx d the Employer since ( <i>I</i> and 9, which have claim em 5b above. ( <i>If none</i> , bosition with respect to an affiliate or constituen 2f. Fax No. 3b. Address ( <i>street and</i> Congress Street, Suite 3e. Fax No. 30-561-6204 o the best of my know itile ttorney	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 115 Cheshire Ro 12b. Address (street 100 Pitkin Street t (if none, so state) entation proceedin. d number, city, state, 300, Hartford, CT 0	Contract, if any mployees are par resentatives and imployees are par resentatives and imployees are par resentatives and imployees are par Manual [] imployees are par Manual [] imployees are par imployees are par model of the part imployees are par imployees are p	r (Month, Day, Year) ticipating? l other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail MA 01201 ify, state, and ZIP code) t Hartford, CT 06108 dress dress et.net 0, 2018		

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)	UNITE	STATES OF						DO NOT W	RITE IN THIS S	PACE	
(2-18)	NATIONAL LABOR RELATIONS BOARD					Case N	0			Date File	ed .
		RC PETITIO	DN			01	ъс 2	29103		10/	12/18
INSTRUCTIONS: Unless e-Filed us employer concerned is located. TI	he petition r	nust be accom	panied b	y both a sl	nowing of interest (s	of this Po see 6b be	etition to elow) and	an NLRB of a certificat	e of service sh	ion in wh owing se	nich the ervice on
the employer and all other parties Case Procedures (Form NLRB 481											
1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo	oner desires	to be certified a	as represe	entative of t	he employees. The P	Petitione	r alleges t	hat the follo	owing circums	tances e	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	volved (St	reet and n	umber, City,	State, ZIP cod	ə):	
PROSPECT MEDICAL F	IOLDIN	GS, Inc	31 U	nion St,	Vernon, CT 06	6066					
3a. Employer Representative - Nam	ne and Title:		4	•	ne as 2b - state same	ə):					
Marcelino La Bella, Esq.			1	<u> </u>	vice Avenue						
National Director of Labo	r Relatio	ns	North	1 Provid	ence, RI 02904	4					
3c. Tel. No.	3d. Cell No.			3e. Fax N	0.		. E-Mail A		<u><u> </u></u>		
(401) 456-3344	(401) 52						narcelir		a@charterc		·
4a. Type of Establishment (Factory, n	nine, wholes	aler, etc.)		Healtc:	bal Product or Service	e		-	d State where u e/Vernon CT	nit is loca	ited:
Acute Care Hospital 5b. Description of Unit Involved:				Healte		<u> </u>			r of Employees	in 1 Init:	·····
Included:	،د								i oi Employees	in onic.	
All full time, regular part-	time, and	l per diem	nonpro	fession	al employees (A	Adden	dum)	150			
Excluded:					aa ata (Addamd	d)		of the e	ubstantial numb mployees in the	e unit wis <u>h</u>	to be
All other nonprofessional Check One: 🔀 7a. Request for rec						$\frac{10m}{0/11/18}$	and		nted by the Pet leclined recogni		Yes 🗌 No
on or about (Date)	10/11	./18 (lfr	no reply re	eceived, so	state).			r Employer e	iconned recogn	lion	
7b. Petitioner is cur 8a. Name of Recognized or Certifie					and desires certificati ddress:	ion under	the Act.		1		
	u Durgunni	g Agent (n non									
Bc. Tel. No.	8d. Cell No.	<u> </u>		8e. Fax N	0.	8f	. E-Mail A	ddress			
8g. Affiliation, if any:			81	h. Date of F	Recognition or Certific				urrent or Most (Month, Day, Ye	əar)	
9. Is there now a strike or picketing at	t the Employ	er's establishme	ent(s) invo	olved? No	If so, appro	oximately	how man	y employee:	s are participatir	1g?	
(Name of Labor Organization)					1		•		er since (Month,	• • •	·
10. Organizations or individuals other individuals known to have a repre									es and other org	anization	s and
None						10	Oc. Tel. No		10d. Cell No.		
10a. Name		10b. Address								<del></del>	·····
							De. Fax No		10f. E-Mail Add	Iress	
11. Election Details: If the NLRB con To cover all shifts	nducts and e	lection in this m	atter, stal	te your pos	ition with respect to a			11a. Election	I 🗌 Mail [	] Mixed	Manual/Mail
11b. Election Date(s): 10/25/18		1.1c. Election Ti 6:00am-8:0	•••	0.30-1.	00 2:00-6:30			n Location(s le Gener	): al Hospital	Board	Room
10/23/10 12a. Full Name of Petitioner (includ					12b. Address (stree					, 100010	
AFT CONNECTICUT	-				35 Marshall H	Rd, Ro	ocky Hi	11, CT 06	5067		
12c. Full name of national or internati AMERICAN FEDERATI		-			affiliate or constituent	t (if none,	, so state):				
12d. Tel. No.	12e. Cell No 718-755	D.		12f. Fax N	no. 7-8214		2g. E-Mail		AFTCT.OF		
860-257-9782 13. Representative of the Petitione			of all pape						AITCI.OF	<u></u>	
13a. Name and Title: JASMINE VENDREDI				13b. Addr	ess (street and numb shall Rd, Rocky	ber, city, S	State and	ZIP code):			
13c. Tel. No.	13d. Cell N			13e. Fax			3f. E-Mail				
860-257-9782 I declare that I have read the above	718-755		omonte a		57-8214 the best of my know			REDI@,	AFTCT.OF	G	
Name (Print)	= pection an	Signatur		<i>(</i>		Title					Date
JASMINE VENDREDI				asnu	e Verched	4OR	GANIZ	ER			10/12/18

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 ef 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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In response to Question 5.b

## Included:

All full time, regular part-time, and per diem nonprofessional employees employed in the following job classifications at Rockville General Hospital: Administrative Assistant, Cardiac Secretary, Cashier, Catering Associate, Certified Nurses Assistant, Clerk, Clerk I, Clerical Nurses Assistant I, Clerical Nurses Assistant II, Clerical Nurses Assistant II, Cook II, Cook II, Cook III, Customer Service Associate, Dessert Attendant, Diet Aide, Diet Aide I, Diet Aide II, Diet Aide III, Diet Technician, Dietary Technician, Dispatch Carrier, Driver, Food Service Attendant, Food Service Attendant II, Health Information Management Associate, Health Information Management Specialist, Housekeeper, Housekeeper I, Housekeeper II, Housekeeper III, Lab Aide, Medic R, Medical Assistant, Nursing Aide, Nursing Assistant, Nutrition Assistant, Paramedic, Patient Access Specialist, Patient Access Associate, Patient Care Assistant, Patient Transporter, Phlebotomist, Physical Therapy Aide, Pot Washer, Prep Cook, Rehab Aide, Sales Associate, Sandwich Person, Scheduler Clerk, Secretary, Stockroom Assistant, Supply Coordinator, Surgical Assistant, Switchboard Operator, Team lead, Tray Server, Unit Secretary.

## Excluded:

All other nonprofessional employees, professional employees, physicians, registered nurses, business office clerical employees, skilled maintenance employees, technical employees, confidential employees, managerial employees, and guards and supervisors as defined in the Act.

10/23/2018 09:26	Hanley,Hass	ett & Fitzsimmo	ons,LLC			P.003/01		
FORM NLRB-502 (RC)	UNITED S	STATES OF AMERIC	A			SPACE		
(2-18)	NATIONAL LA	BOR RELATIONS BO			Case No.			Date Filed
	HL				01-RC-	22968	7	10-23-18
INSTRUCTIONS: Unless evFiled employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	The pelition mu is named in the	et be accompanied b petition of: (1) the pe	by both a si edition: (2) (	howing of interest ( Statement of Positio	sea 6b balow) an on form (Porm NL	d a certifica RB-605); an	te of sarvica s Id (3) Descript	howing service on lon of Representation
1. PURPOSE OF THIS PETITION: bargaining by Palillonar and Pal requests that the National Lab	llioner desires lo	be certified as repres- ard proceed under it	enialiva of i ls proper a	he employees. The F uthority pursuant to	Petitioner alleges Section 9 of the	that the foll National La	lowing circum bor Relations	stances exist and Act.
2a. Name of Employer: Bentley University		2b. Add Bent	dress(es) of ley Univ	Establishment(s) inversity, Rauch	olved <i>(Street and</i> 201, 175 Ford	number, Cily est Street	, <i>Stata, ZIP co</i> , Waltham	<sub>de):</sub> , MA 02452
3a, Employer Representative - Na Ann Dexter, VP & Chief	me end Tille: HR Officer			no os 26 - sio(o sami	a):			
<sup>3c, Tel, Na.</sup> 781-891-2640	3d, Cell No.		9e. Fex N			@Bentle	-	
4a, Type of Establishment (Pactory, University	mine, wholesale	r, ato.)	Educat	al Product or Servic ION	9		d State where am, MA	will is foosted:
85. Description of Unit Involved: Included: All full-time and regular	part-time pu	blic safety official	cers hole	ling the rank o	f Sergeant.	8a. Numbe 9	ar of Employee	s in Unit
Exoluded:						of the e	employees in the Pe	bar (30% or more) la unit wish to ba alilioner? (X) Yes [] No
Check Ona: 🔀 76. Request for ra on or about (Date) 🔲 75. Patitionar is cu	June 20, 2	018 (If no reply re d as Bargaining Repr	ecelved, so resentative a	siale). and desires certificati		d Employer (	declined recog	nuon
88. Name of Recognized or Certifi N/A	ed Bargaining A	igent (If none, so slel	(a) 8b. Ai	idress:				
8c, Tel. No.	8d. Cell No.		89. Fex N	ò,	61. E-Mell A	ddress	·	
80. Alfiliation, V any: N/A	<u> </u>	· (at	h. Date of R	ecognillon or Certific	ation 81. Expiration Flecent Cor	n Dale of Ci hiraci, if any	urrent or Most (Month, Day, Y	<sub>'ear)</sub> N/A
9. Is there now a strike or pickeling a	t the Employer's	establishment(s) invo	olved?	lf so, appr	oximately how man		s are participat er since (Monti	
(Name of Labor Organization) 10. Organizations or individuals othe	r than Pelilloner	end those named in l	tems 8 and	9, which have claime	d recognilion as n	presentativo		
individuals known to have a repr	asentalive intere	st in any employees in	n the unit de	scribed in item 6b at	nove, (If none, so d	itele)		
10a. Name N/A.	106 N/	. Address A			10c. Tel No	).	10d. Cell No.	
					10a. Fax N	D.	107. E-Mail Ac	idress
11. Election Details: If the NLAB co	nducts and elect	ion in this matter, stat	le your post	fon with respect to a	ny such election:			X Mixed Manual/Mail
11b. Election Date(s): December 2018-Janaury 2		Election Time(e): M and 4PM			11d. Election Waithar	Manua In Location (6 n MA		
12a. Full Name of Petilloner (moluc Bentley University Public					l and number. city	Siale and a	zip code): ctory Rd., 1	Floor 3, Quincy,
12c. Full name of national or internat	ional labor organ	ization of which Pelili	Ioner le an d	MA 02171	(if none, so stele)	;		
None 12d. Tel. No.	129. Cali No.		12/. Fax N	0.	12g. E-Mail			
617-770-2929 13. Representative of the Pelitione	r who will ecce	- nt service of all page	617-77		<b>i</b>	hanleyla	w.com	•
194. Name and Tile: Thomas Horgan			1Sb. Adda	Law Offices, LL	er. oliv. Siste and	Z(P code):	xor 3, Quinc	y, MA 02171
18c, Tel. No. 617-770-2929	13d. Cell No.		138, Fax 1 617-77	0-9669		Address hanleyla	w.com	· · · · · · · · · · · · · · · · · · ·
I declare that I have read the above Name (Print)	petition and th	signature-/	re true to t	te best of my knowl	Title	,		Date
Thomas E, Horgan		Them	<u>~ E</u>	Har	Legal Cour	isel for P	etitioner	10-22-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Bolicilation 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 or tiligation. The routine uses for the information are fully set forth in the Federal Register, 71 Fad. 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 decime to invoke its processes.

FORM NLRB-502 (RC)

(4-15)									
UNITED STATES GOVERNMENT									
NATIONAL LABOR R		RD		Case No. Date Filed 1-RC-229866 October 25, 2018					
RC PET	TTION								
INSTRUCTIONS: Unless e-Filed usin	ng the Agency	y's website, <u>wv</u>	<u>vw.nirp.gov</u> , submit a	n original of this with a chowing of	Felicion to a	e 6h helow) and a certificate			
in which the employer concerned is	located. The	e petition must	be accompanied by L	n of: (1) the petit	Non: /2) State	ment of Position form			
of service showing service on the e	mpioyer and	all other partie	s nameo in trie peduo Dia anduran (Engri Mill	00.(1) UNE PEU 00.4010) The si	oon, (2) State	arast should only be filed			
(Form NLRB-505); and (3) Description	on of Represe	entation Case r	roceaures (rorm nur	<b>≺⊡ 401∡).</b> Ine 51	iowing or an	erest should only be nea			
with the NLRB and should not be se 1. PURPOSE OF THIS PETITION: RC-CER	TIETO ATION OF	BEDDESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective			
kernelaion by Battlenos and Cattlenost de	eiree to be certific	ad as representativ	e of the employees. The l	Petitioner alleges tr	hat the following	o circumstances exist and			
requests that the National Labor Relati	ons Board proc	eed under its pro	per authority pursuant to dress(es) of Establishmont	Section 9 of the Na	Mional Lador R	elations Act.			
2a. Name of Employer Eversource		Bedfo	ord, Hooksett, Keene,	Lancaster and	Nashua Are	a Work Centers			
3a. Employer Representativo – Name and	Title		3b. Address (If same as						
Daniel McCallum	1 11/2		PO Box 330, Manci		05-0330				
3c, Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add				
603-634-2742	603-345-633	16	603-431-8772			allum@eversource.com			
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b, Principal pro				and State where unit is located:			
Electric Utility		Delivery of El	ectricity			ampshire (Statewide) 6a, No, of Employees in Unit:			
5b. Description of Unit Involved Included: Petitioner requests an Armour-C		- Universities (E) (Book	acceletive Ale at the Area M	lierk Contere providir	2	5			
included: Petitioner requests an Armour- administrative support in Operat	tions to choose w	thether they wish to	be represented as part of	the existing main bar	'9 rgaining unit.	6b. Do a substantial number (30%			
Excluded						or more) of the employees in the unit wish to be represented by the			
All other employees	s, guards a	and supervi	sors as defined in	n The Act.		Politionor? Yes 🗸 No			
Chock Onc: 7a. Request for rec	cognition as Barg	aining Represents	itive was made on (Date) 1	I0/23/2018 ar	d Employer dec	lined recognition on or about			
		(If no reply racoivo				-			
			epresentative and desiros o	cortification under the	e Act.				
8a. Name of Recognized or Certified Barg None	jaining Agent <i>(If</i>	' none, so state).	8b. Address N/A						
8c. Tel No.	8d Ceil No.		8e. Fax No.		8f. E-Mall Add	Iress			
N/A 8g. Affiliation, If any	N/A		N/A 8h. Date of Recognition or	Continention		Date of Current or Most Recent			
N/A			N/A	oonnoon		y (Month, Dey, Year)			
9, is there now a strike or picketing at the En				in a taly have many a					
			eted the Employer since (/			······			
<ol> <li>Organizations or individuals other than P known to have a representative interest in an None</li> </ol>	etitioner and the ny employees in t	se named in items the unit described	8 and 9, which have claim; in item 56 above. <i>(If none,</i>	ee recognition as rep . so state)	resentatives an	o other organizations and individuals			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
N1/A	N1/A								
N/A	IN/ <i>F</i>	4		10e. Fex No.		10f. E-Mall Address			
11, Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state you	ir position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail			
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Loca	lion(s):				
November 15, 2018									
12a. Full Name of Petitioner ( <i>Including loc</i> International Brotherhood of Electrical Wor	rkers Local Uno	in #1837		16 Old Winthrop R		city, state, and ZIP code) , ME 04351-3339			
12c. Full name of national or international lat International Brotherhood of Electrical Wor		of which Petitioner	is an affiliato or constituen	it (if none, so state)					
12d. Tel No.	126. Cell No.		12f. Fax No.		12g. E-Mail A				
207-623-1030 13. Representative of the Petitioner who y	207-441-4123	co of all papers f	207-621-8384	entation proceedin	union@ibew1i	637.0rg			
•	•	• •		•	-				
13a, Name and Title Matthew D. Beck,	Business Re	p./Organizer	13b. Address (street and IBEW Local #1837, 16 Old V		ME 04351-3339				
13c, Tel No. 207-623-1030	13d. Cell No. 207-441-4123		136. Fax No. 207-621-8384		13f, E-Mail Ad matt@ibew18				
I declare that I have read the above petition		statements are tr	ala na	riedge and belief.	Luarriginew 10	or.org			
· · · · · · · · · · · · · · · · · · ·	nature		Title		Date				
Matthew D. Beck	JacoD	, Beck	BEW Local #1837 Busi	ness Rep./Organize		5, 2018			
WILLFUL FALSE STATEMEN			PUNISHED BY FINE AND	IMPRISONMENT (U					

PRIVACY ACT STATEMENT 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 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 STATES					DO NO1	WRITE IN THE			
NATIONAL LABOR F		RD		Case No.		Date	Filed		
RC PE1				01-RC-	2.30146	1	0/30/18		
INSTRUCTIONS: Unless e-Filed usi	ing the Agenc	y's website, w	vww.nlrb.	gov, <mark>submit</mark> a	n original of this	Petition to a	IN NERB office in the Region		
in which the employer concerned is									
of service showing service on the e									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
					ND 4012). 1110 31		crest should only be med		
with the NLRB and should not be s		ELEPPEENTA	TIVE A cul	party.	of omployage wish to	he represente			
bargaining by Petitioner and Petitioner de requests that the National Labor Relati	sires to be certifi	ed as representa	tive of the e	mployees. The	Petitioner alleges the	hat the followin	g circumstances exist and		
2a. Name of Employer	<u></u>				t(s) involved (Street a				
Glendale Center		4 Ha	zel Ave,	Naugatuck C	T 06770				
-3a. Employer Representative - Name and	Title		3b. Ad	dress (If same as	s 2b – state same)				
Marnie Talamona			SAME	•					
3c. Tet. No.	3d. Cell No.	······································	3e, Fax	No.		3f. E-Mail Add	ress		
203 723-1456				23-0242					
4a. Type of Establishment (Factory, mine, w	holesaler etc.)	4b. Principal pr				5a City	and State where unit is located:		
Nursing Home		Health Care					tuck, CT		
5b. Description of Unit Involved							6a. No. of Employees in Unit:		
•							60		
Included: All full time, regula	ir part time	e and per o	alem C	entried Nu	urses Aides.		6b. Do a substantial number (30%		
Excluded:							or more) of the employees in the		
Excluded: All other employees, all profession	iai employees , all	laundry and house	keeping emp	pioyees, all guards	and supervisors as de	Rhed in the act.	unit wish to be represented by the		
		·	~				Petitioner? Yes 🗸 No		
					L0/30/2018 ar	d Employer dec	lined recognition on or about		
	<u>)18_(</u> Date)								
					certification under the	e Act.			
8a. Name of Recognized or Certified Barg NONE	jaining Agent (II	f none, so state)	•	8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress		
			Dh. Data	of Recognition or	Carlification	0: Eusineties	Date of Current or Most Recent		
8g. Affiliation, if any			on. Date	of Recognition of	Centilication		y (Month, Day, Year)		
9. Is there now a strike or picketing at the Er					imotoly how many or		dicinating?		
(Name of labor organization)									
10. Organizations or individuals other than F						resentatives and	d other organizations and individuals		
known to have a representative interest in a	ny employees in <sup>.</sup>	the unit described	d in item 5b	above. (If none,	so state)				
	1 101 11				10c. Tel. No.		10d, Cell No.		
10a. Name	10b. Ad	aress			TOC, TEL IND.		Tod. Cerino.		
Nono					10e, Fax No.		10f. E-Mail Address		
None									
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state yo	our position	with respect to	11a. Election Type	Manual 🗌	Mail Mixed Manual/Mail		
11b. Election Date(s):		ection Time(s):			11d. Election Loca				
Friday, November 16th ,2018		:30 am and 2:30	0 - 3:30 pm		Giendale Center,4				
12a. Full Name of Petitioner (including lo			00.00				city, state, and ZIP code)		
NEW ENGLAND HEALTHCARE EMPLOY					77 Huyshope, Ave	, ist FL, Hartic			
12c. Full name of national or international la Service Employees International Union					it (ii none, so state)				
12d. Tel No. (860)549-1199	12e. Cell No.		12f. Fax (860)25			12g. E-Mail Ad	ddress		
13. Representative of the Petitioner who	will accent servi	ce of all nanere			entation proceeding	a.			
<sup>13a. Name and Title</sup> Robert Baril,			13b. Ac	idress (street and	d number, city, state,				
				nope, Ave., 1st Fl., I		496 6 14-11 4-1			
13c. Tel No. (860)251-6088	13d. Cell No. (203)915-0126		13e. Fa (860)25			13f. E-Mail Ad rbaril@seiu11			
(860)251-6088 I declare that I have read the above petition		statements are t			ledge and belief.				
	·····					Dete			
Name (Print) Sig	mature	HP	Secreta	ry Treasurer		Date 10/30/2018	В		
WILLFUL FALSE STATEMEN					IMPRISONMENT (U				
					· · · · · ·		•		

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