

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-254383

Date Filed
1-9-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/L, 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: Audio Visual Services Group, LLC d/b/a PSAV		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 606 Congress Street, Boston MA 02210	
3a. Employer Representative - Name and Title: Scott Queipo, Divisional Director		3b. Address (if same as 2b - state same): 240 Rustcraft Road, Dedham, MA 02494	
3c. Tel. No. (781) 433-0888	Cell No. 13d.	3e. Fax No.	3f. E-Mail Address squeipo@psav.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Guest Accommodations	5a. City and State where unit is located: Boston, MA
5b. Description of Unit Involved: Included: Full-time and regular part-time technicians Excluded: All other employees, office clerical employees guards and supervisors described in Act			6a. Number of Employees in Unit: 3 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) 12/23/19 and Employer declined recognition on or about (Date) January 6, 2020 (If no reply received, so state). <input checked="" 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) None		8b. Address:	
8c. Tel. No.	Cell No. 18d.	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? <input type="checkbox"/> 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 LRB conducts and election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail <input type="checkbox"/> 11b. Election Date(s): _____ <input type="checkbox"/> 11c. Election Time(s): _____ <input type="checkbox"/> 11d. Election Location(s): 606 Congress Street, Boston			
12a. Full Name of Petitioner (including local name and number): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists & Allied Crafts, Local 11		12b. Address (street and number, city, State and ZIP code): 152 Old Colony Avenue South Boston, MA 02127	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists & Allied Crafts			
12d. Tel. No. (617) 269-5595	12e. Cell No. Colleen (617) 448-0902	12f. Fax No. (617) 269-6252	12g. E-Mail Address cglynn@iatse11.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Gabriel O. Dumont, Jr. 13b. Address (street and number, city, State and ZIP code): 141 Tremont Street, Suite 500 Boston, MA 02111			
13c. Tel. No. (617) 227-7272	Cell No. (617) 733-4804	13e. Fax No. (617) 227-7025	13f. E-Mail Address gdumont@dmhpc.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) Gabriel O. Dumont, Jr.		Signature P. J. Dumont, Jr. Attorney	
		Date 01/09/20	

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

d 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.

Case No.

1-RC-254577

Date Filed

1/14/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Rising Tide Brewing Company	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 103 Fox Street, Portland Maine, 04101
3a. Employer Representative - Name and Title: Nathan Sanborn	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 207 370 2337	3d. Cell No. n/a	3e. Fax No. n/a	3f. E-Mail Address n/a
-------------------------------------	----------------------------	---------------------------	----------------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Brewery	4b. Principal Product or Service Beer	5a. City and State where unit is located: Portland Maine
---	---	--

5b. Description of Unit Involved: Included: production assistant -brewer -warehouse operations Excluded: all other positions including:packaging manager, event staff and sales	6a. Number of Employees in Unit: 6	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: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 1/8/20 and Employer declined recognition on or about (Date) no reply (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) 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? ☒ If so, approximately how many employees are participating? 110
(Name of Labor Organization) NO, 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 Ed Marzano	10b. Address 27 Main Street, South Portland, Maine	10c. Tel. No. 207 767 2106	10d. Cell No. 207 756 5881
		10e. Fax No. 207 767 7315	10f. E-Mail Address emarzano@teamsterslocal340.org

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

11b. Election Date(s): Soon as possible	11c. Election Time(s): any	11d. Election Location(s): Portland Maine
---	--------------------------------------	---

12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 340	12b. Address (street and number, city, State and ZIP code): 27 Main Street, So Portland, Maine 04106
---	--


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. same	12e. Cell No. same	12f. Fax No. same	12g. E-Mail Address same
------------------------------	------------------------------	-----------------------------	------------------------------------

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Ed Marzano- Rec-Sec/Business Agent
13b. Address (street and number, city, State and ZIP code):
27 Main Street, South Portland Maine 04106

13c. Tel. No. same	13d. Cell No. same	13e. Fax No. same	13f. E-Mail Address same
------------------------------	------------------------------	-----------------------------	------------------------------------

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) Ed Marzano	Signature 	Title Rec-Sec / B.A.	Date 1/10/20
-----------------------------------	---	--------------------------------	------------------------

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


01-RC-255036

Date Filed

1/23/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-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: College Street Music Hall/New Haven Center for Performing Arts		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 238 College Street New Haven, CT 06510	
3a. Employer Representative - Name and Title: Keith Mahler Facilities Manager		3b. Address (if same as 2b - state same): 11 Scovill Street Waterbury, CT 06706	
3c. Tel. No. (203) 573-1600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Keith@mahlercompany.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Entertainment venue		4b. Principal Product or Service Performing Arts	
5a. City and State where unit is located: New Haven, CT		5b. Description of Unit Involved: Included: All stagehands and stage technicians employed at the College Street Music Hall. Excluded: All other employees.	
6a. Number of Employees in Unit 21		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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/22/20 and Employer declined recognition on or about (Date) No reply (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) 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP		11c. Election Time(s): TBD	
11d. Election Location(s): TBD			
12a. Full Name of Petitioner (including local name and number): Local Union No. 74, International Alliance of Theatrical Stage Employees (I.A.T.S.E. Local 74)		12b. Address (street and number, city, State and ZIP code): P.O. Box 9075 New Haven, CT 06532	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, AFL-CIO, CLO			
12d. Tel. No. (203) 710-5089	12e. Cell No. (203) 710-5089	12f. Fax No.	12g. E-Mail Address jshea@iatse74.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Lydia Sigelakis, Counsel		13b. Address (street and number, city, State and ZIP code): Spivak Lipton LLP, 1700 Broadway, 21st Floor, New York, NY 10019	
13c. Tel. No. (212) 765-2100	13d. Cell No. (646) 763-2186	13e. Fax No. (212) 765-8954	13f. E-Mail Address lsigelakis@spivaklipton.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) Lydia Sigelakis	Signature 	Title Counsel	Date 1/23/20

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

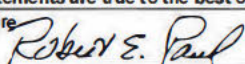
01-RC-255085

Date Filed

1-24-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Political Research Associates		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1310 Broadway, Suite 201, Somerville, MA 02144	
3a. Employer Representative - Name and Title: Tarso Luis Ramos, Executive Director		3b. Address (if same as 2b state same): (same)	
3c. Tel. No. 617-666-5300	3d. Cell No. 617-372-1554	3e. Fax No.	3f. E-Mail Address t.ramos@politicalresearch.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) non-profit		4b. Principal Product or Service social justice advocacy	5a. City and State where unit is located: Somerville, MA
5b. Description of Unit Involved: Included: All full- and part time employees Excluded: supervisors, managers, confidential employees and guards as defined in the Act		6a. Number of Employees in Unit: 7 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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/24/20 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.			
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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): February 6, 2020		11c. Election Time(s):	11d. Election Location(s): nationwide
12a. Full Name of Petitioner (including local name and number): Washington-Baltimore Newspaper Guild, Local 32035		12b. Address (street and number, city, State and ZIP code): 1225 Eye Street NW, Suite 300, Washington, DC 20005	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): The News Guild affiliated with Communications Workers of America, AFL-CIO, CLC			
12d. Tel. No. 202 785-3650 x 15	12e. Cell No. 703-627-4547	12f. Fax No. 202-785-3659	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: Robert E. Paul, Attorney		13b. Address (street and number, city, State and ZIP code): 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036	
13c. Tel. No. 202-857-5000	13d. Cell No.	13e. Fax No. 202 327-5499	13f. E-Mail Address rpaul@robertepaul.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) Robert E. Paul	Signature 	Title Attorney	Date 1/24/20

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

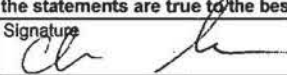
Date Filed

01-RC-255186

1/27/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: New Britain Transportation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1748 N. Broad St. Meriden CT 06450	
3a. Employer Representative - Name and Title: Kimberly Gagne		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 203.630.3656	3d. Cell No.	3e. Fax No. 203.630.3651	3f. E-Mail Address Kimberly.gagne@nbt.us.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal Product or Service School Bus	5a. City and State where unit is located: Meriden
5b. Description of Unit Involved: Included: All full time and regular part time bus drivers at the Meriden Conn. Location Excluded: All other employees, Trainers, monitors, dispatchers, guards, supervisors and managers as defined in			6a. Number of Employees in Unit: 73 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) _____ 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.			
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? <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): 2.20.20	11c. Election Time(s): tbd	11d. Election Location(s): Meriden yard	
12a. Full Name of Petitioner (including local name and number): Teamsters Joint Council 10 New England		12b. Address (street and number, city, State and ZIP code): 544 Main St. Boston Ma	
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. 617.241.3989	12e. Cell No. 617.429.9498	12f. Fax No.	12g. E-Mail Address csmolinsky@teamsterslocal25.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Chris Smolinsky Dir. of Organizing		13b. Address (street and number, city, State and ZIP code): 544 Main St. Boston Ma 02129	
13c. Tel. No. 617.241.3989	13d. Cell No. 617.429.9498	13e. Fax No.	13f. E-Mail Address csmolinsky@teamsterslocal25.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) Chris Smolinsky	Signature 	Title Dir. of Organizing	Date 1.27.20

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-255284

Date Filed

1-28-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-503); 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:
Petro Home Services

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
141 Knight Street, Warwick, RI 02886

3a. Employer Representative - Name and Title:
Jeffrey Isaacs

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

3c. Tel. No.
401-621-5141

3d. Cell No.
914-523-2793

3e. Fax No.
845-354-7926

3f. E-Mail Address
jciinc@mac.com

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

4b. Principal Product or Service
Heating oil and air conditioning

5a. City and State where unit is located:
Warwick, RI

5b. Description of Unit Involved:
Included:
see attached
Excluded:
see attached

6a. Number of Employees in Unit:
2

6b. Do a substantial number (50% 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)
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):
2/20/2020

11c. Election Time(s):
7-8am

11d. Election Location(s):
Conference room

12a. Full Name of Petitioner (including local name and number):
Teamsters Local 251

12b. Address (street and number, city, State and ZIP code):
121 Brightbridge Avenue, East Providence, RI 02914

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.
401-434-0454

12e. Cell No.
401-965-2024

12f. Fax No.
401-431-1893

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:
Marc Gursky/Attorney

13b. Address (street and number, city, State and ZIP code):
1130 Ten Rod Road C-207, North Kingstown, RI 02852

13c. Tel. No.
401-294-4700

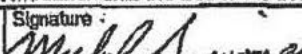
13d. Cell No.
401-580-3402

13e. Fax No.
401-294-4702

13f. E-Mail Address
mgursky@rilaborlaw.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 Simone

Signature:


Title
Organizer/Trustee

Date
1/28/20

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. 74042-43 (Dec. 12, 2006). This NLRB will

ATTACHMENT

5b. Description of unit involved:

Included: All full time and regular part-time installation coordinators employed by the employer at its 141 Knight Street, Warwick, RI facility.

Excluded: All other employees, managers, supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-255476	Date Filed 1/30/2020
--------------------------	-------------------------

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 Boda Borg		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 90 Pleasant St. Malden, MA 02145	
3a. Employer Representative - Name and Title Chad Ellis - Owner		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 617-817-1531	3d. Cell No.	3e. Fax No.	3f. E-Mail Address chad.ellis@bodaborg.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Entertainment		4b. Principal product or service Gaming	5a. City and State where unit is located: Malden MA
5b. Description of Unit Involved Included: All full time and regular part time hourly employees of the employer working at 90 Pleasant Street Malden MA 02145. Excluded: All confidential employees, guards and supervisors as defined by the Act.			6a. No. of Employees in Unit: 18 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: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 01/28/20 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply
☐ 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.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): 02/15/20
11c. Election Time(s): 4 pm to 6 pm
11d. Election Location(s): 2nd floor meeting room. 90 Pleasant Street. Malden MA 02145

12a. Full Name of Petitioner (including local name and number)
Communications Workers of America
12b. Address (street and number, city, state, and ZIP code)
80 Pine Street, 37th Floor. New York NY 10005


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America AFL-CIO

12d. Tel No. 212 344-2515	12e. Cell No.	12f. Fax No. 212 425-2947	12g. E-Mail Address wmcenany@cwa-union.org
------------------------------	---------------	------------------------------	---

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

13a. Name and Title Atul Talwar		13b. Address (street and number, city, state, and ZIP code) 80 Pine Street, 37th Floor. New York NY 10005	
13c. Tel No. 212 344-2515	13d. Cell No. 917 657-1199	13e. Fax No. 212 425 2947	13f. E-Mail Address atalwar@cwa-union.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) Atul Talwar	Signature 	Title Attorney	Date 01/30/20
-----------------------------	--	-------------------	------------------

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.