#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRI	TE IN THIS SPACE	
Case No.	01-RC-254383	Date Filed 1 1-9-20	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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. 2b. Address(es) of Establishment(s) involved (Street and number, Cily, State, ZIP code): Audio Visual Services Group, LLC 606 Congress Street, Boston MA 02210 d/b/a PSAV 3a. Employer Representative - Name and Title: 3b. Address (ii same as 2b - state same): Scott Queipo, Divisional Director 240 Rustcraft Road, Dedham, MA 02494 3c. Tel. No Cell No. 3e. Fax No. 3f. E-Mail Address 13d. squeipo@psav.com (78 I) 433-0888 4b. Principal Product or Service Sa. City and State where unit is located: 4a. Type of Establishment (Factory. mine, wholesaler, etc.) Hotel Guest Accomodations Boston, MA Sb. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Full-time and regular part-time technicians Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X1 Yes All other employees, office clerical employees guards and supervisors described in Act Check One. 0 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).  ${
m D}$  7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bargaining Agent (If none, so state) None Be. Tel. No. Cell No. Be. Fax No. 8f. E-Mail Address 18d. 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Date of Recognition or Certification I8h Recent Contract, if any (Monlh, Day, Year) 9. Is there now a strike or picketing at the Employe(s establishment(s) involved?  $N_{O}$ If so. approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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 Sb above. (If none, so state) None 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 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: Election Type: 111a. Manual IO days after DDE issues D Mixed Manual/Mail D Mail 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): 606 Congress Street, Boston 12a. Full Name of Petitioner (including local name and number): 12b. Address (slreet and number, city, State and ZIP code): 152 Old Colony Avenue International Alliance of Theatrical Stage Employees, Mov-South Boston, MA 02127 ing Picture Technicians, Artists & Allied Crafts, Local 11 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (finane, so state): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists & Allied Crafts 121. Fax No. 12g. E-Mail Address 12e. Cell No. (6 I7) 269-5595 Colleen(6 I7)448-0902 (617)269-6252 cglynn@iatse I1.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, cily, State and ZIP code): 13a. Name and Title: 141 Tremont Street, Suite 500 Gabriel O. Dumont, Jr. Boston, MA 02111 13e. Fax No. 13f. E-Mail Address Cell No. (617) 227-7025 1(617) 733-4804 gdumont@dmbpc.net (617) 227-7272 I declar& that I have read the above petition and that the statements are true to the best of my knowledge and belief Date Name (Print) Sig,rure 01/09/20 Gabriel 0. Dumont, Jr. Attorney

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

min.

FORM	NLRB-502 (RC)
	(2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
1-RC-254577	1/14/20				

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. 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Rising Tide Brewing Company 103 Fox Street, Portland Maine, 04101 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Same Nathan Sanborn 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 207 370 2337 n/a n/a 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Beer Portland Maine 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: production assistant -brewer -warehouse operations 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes all other positions including:packaging manager, event staff and sales Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 1/8/20 and Employer declined recognition 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 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a Name 207 767 2106 207 756 5881 27 Main Street, South Portland, Maine Ed Marzano 10e. Fax No. 10f. E-Mail Address 207 767 7315 emarzano@teamsterslocal340.org 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 Manual 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Soon as possible Portland Maine any 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 340 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 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 12f. Fax No. same same same same 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 27 Main Street, South Portland Maine 04106 Ed Marzano- Rec-Sec/Business Agent 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. same same same same I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Titte Rec-Sec / B.A. Ed Marzand

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN	THIS SPACE
Case No.	Date Filed
01-RC-255036	1/23/2020

MARK						01-RC	-25503	6 1/23/	2020
INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other parti- Case Procedures (Form NLR8	. The petition ies named in	the petition of	mpanled by f: (1) the pet	boti ition,	a showing of interest (see ( ; (2) Statement of Position fo	sb below) an rm (Form Ni	d a certifica .RB-505); as	ate of service showing service nd (3) Description of Represe	e on entation
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National La	etitioner desire	es to be certified	d as represer	ntetly	e of the employees. The Petiti	oner alleges	that the fol	llowing circumstances exist	
2a. Name of Employer: College Street Music Ha		laven	238 C	olle	es) of Establishment(s) involve ege Street	Street and	number, Cit	y, State, ZIP code):	
Center for Performing A			New I	lav	en, CT 06510				4
3a. Employer Representative - N Keith Mahler Facilities Manager	ame and Title	92	11 Sc	livo	if same as 2b - state same): 1 Street y, CT 06706				
3c. Tet. No. (203) 573-1600	3d, Cell N			3e. F	ex No.	3f. E-Mail / Keith@	mahlerc	ompany.com	
4a. Type of Establishment (Factor) Entertainment venue		esaler, etc.)			rincipal Product or Service forming Arts		Sa. City a New I	nd State where unit is located: Haven, CT	
5b. Description of Unit Involved							6a. Numb	er of Employees In Unit	
Included: All stagehands and stage	e technici	ans employ	ed at the	Co	llege Street Music Ha	dl.	21		
All other employees.							of the	substantial number (30% or mo employees in the unit wish to b ented by the Petitioner?	e
Check One: X 7a. Request for on or about (Date of Patitioner is	e) No re	ply (it	f no reply red	celve	made on (Date) 1/22/2 d, so state). Itive and desires certification u			declined recognition	
8a. Name of Recognized or Certi None					Bb. Address:				
8c. Tel. No.	8d. Cell N	0.		8e. F	ax No.	8f. E-Mail	Address		
8g. Affiliation, if any:		-	8h.	Sh. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
Is there now a strike or picketing     (Name of Labor Organization)	at the Emplo	oyer's establishm	nent(e) invol	ved?				es are participating? er since (Month, Day, Year)	
Organizations or individuals of individuals known to have a rep     None								es and other organizations and	
10a, Name		10b, Address			1 20 000	10c. Tel. N	o.	10d. Cell No.	
						10e. Fax N	lo.	10f, E-Mail Address	
11. Election Details: If the NLRB	ALCOHOL: N			your	position with respect to any su		X Manu	al Mail Mixed Man	ual/Mall
11b. Election Date(s): ASAP	1	11c. Election 7 TBD	Time(s):			11d. Election TBD	on Location(	s):	
12a. Full Name of Petitioner (Incl.) Local Union No. 74, Inte				cal	P.O. Box 9075	number, city	y, State and	ZIP code):	
Stage Employees	(I.A.T	S.E. Local	74)		New Haven, CT	06532			
12c. Full name of national or International Alliance of Theatric								Territories and Canada AFI	-CIO CLO
12d. Tel. No. (203) 710-5089	12e. Cell I		-	_	ax No.	12g. E-Mal			
13. Representative of the Petitio			of all paper	e for	numnees of the representat	1.		*8	
13a. Name and Title: Lydia Sigelakis, Counsel	not will was	accopt doiving	1	13b.	Address (street and number, c	tv. State and	ZIP code):	r, New York, NY 10019	,
13c, Tel. No. (212) 765-2100	13d. Cell I (646) 7	No. 63-2186			Fax No. 2) 765-8954	13f. E-Meil Address   lsigelakis@spivaklipton.com			
I declare that I have read the abo	ve petition a				to the best of my knowledg	and bellef.		1	
Name (Print) Lydia Sigelakis		Signatu	ine clus	0	heelales C	ie ounsel		Date //	23/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1901)

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

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01-RC-25	5085 1-24-20						

RC PETITION						01-RC-255085 1-24-20				-24-20	
INSTRUCTIONS: Unless e-Fil employer concerned is locate the employer and all other pa Case Procedures (Form NLR)	ed. The petition rties named in	must be accomp the petition of: (*	panied by 1) the peti	both a si ition; (2) \$	howing of interest (statement of Position	see 6b on form	below) and n (Form NLF	la certificat RB-505); an	e of service s d (3) Descrip	egion in wi showing s tion of Rep	hich the ervice on presentation
PURPOSE OF THIS PETITION     bargaining by Petitioner and     requests that the National	Petitioner desire	s to be certified a	s represer	ntative of t	he employees. The F	Petition	ner alleges	that the foll	owing circum	stances e	
2a. Name of Employer: Political Research Asso	ociates		The second second	A STATE OF THE STA	Establishment(s) inv vay, Suite 201, S				State, ZIP co	ide):	1511
3a. Employer Representative Tarso Luis Ramos, Exe			3b. Addre (sam		ne as 2b state same	e):		73		T	
3c. Tel. No. 617-666-5300	3d. Cell No 617-372			3e. Fax N	0.		3f. E-Mail A		search.org		
4a. Type of Establishment (Factorion-profit					oal Product or Service ustice advocacy	e		5a. Gity an	d State where	unit is loc	ated:
5b. Description of Unit Involve Included: All full- and part time emp Excluded: supervisors, managers, co	loyees	oloyees and g	uards as	defined	in the Act			7 6b. Do a su	r of Employee  ubstantial num  mployees in tented by the P	nber (30%	h to be
Check One: X 7a. Request for on or about (D 7b. Petitioner	Date)	(If n	no reply re	ceived, so		/24/20		d Employer of	leclined recog	nition	
8a. Name of Recognized or Co	ertified Bargaini	ng Agent (If non	e, so state	8b. A	ddress:			1		17	
8c. Tel. No.	8d. Cell No	).		8e. Fax N	0.		8f. E Mail A	ddress			
8g. Affiliation, if any:			8h.	8h. Date of Recognition or Certification					rrent or Most (Month, Day,		
Is there now a strike or picket     (Name of Labor Organization     Organizations or individuals	)					,1	has picketed	the Employ	s are participa er since (Mon	th, Day, Ye	
individuals known to have a									s and other c	n garnzanor	15 GIR
10a. Name		10b. Address					10c. Tel. No.		10d. Cell No.		
							10e. Fax No	0.	10f. E Mail A	ddress	-11
11. Election Details: If the NLF	RB conducts and	election in this m	natter, state	e your pos	ition with respect to a	any suc		Manua Manua	I X Mail	Mixed	d Manual/Mail
11b. Election Date(s): February 6, 2020		11c. Election Ti	me(s):				11d. Election	on Location(s	s):		
12a. Full Name of Petitioner ( Washington-Baltimore					12b. Address (street 1225 Eye Str		AND ADDRESS OF THE PARTY OF THE		A CONTRACTOR OF THE PARTY OF TH	C 20005	
12c. Full name of national or int The News Guild affiliat						nt (if noi	ne, so state)	:			
12d. Tel. No. 202 785-3650 x 15	12e. Cell I 703-627			12f. Fax 1 202-78	lo. 5-3659		12g. E-Mail (b) (6),	Address (b) (7)(C			
13. Representative of the Peti 13a. Name and Title: Robert E. Paul, Attorne		accept service o	of all pape	13b. Add	rposes of the representation of the represen	ber, cit	on proceed y, State and	ing. ZIP code):		DC 2003	36
13c. Tel. No. 202-857-5000	13d. Cell I	No.		13e. Fax 202 32	No. 7-5499		13f. E-Mail Address rpaul@robertepaul.com				
I declare that I have read the	above petition a				7.2	100000				- 1	Data
Name (Print) Robert E. Paul		Signatur	Pah	NS	60	Title	e Attornev				Date 1/24/20

13a. Name and Title:

13c. Tel. No.

Name (Print)

617.241.3989

Chris Smolinsky

Chris Smolinsky Dir. of Organizing

13d. Cell No.

617.429.9498

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

Signatup

## UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-255186	1/27/2020				

NATIONAL LABOR RELATIONS BOARD **RC PETITION** 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. 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): New Britain Transportation 1748 N. Broad St. Meriden CT 06450 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Kimberly Gagne same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 203.630.3656 203.630.3651 Kimberly.gagne@nbt.us.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation School Bus Meriden 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: All full time and regular part time bus drivers at the Meriden Conn. Location Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All other employees, Trainers, monitors, dispatchers, guards, supervisors and managers as defined in Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (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. Be. 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: Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): 2.20.20 Meriden yard 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Joint Council 10 New England 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. 12e Cell No. 12f. Fax No. 12a E-Mail Address 617.241.3989 617.429.9498 csmolinsky@teamsterslocal25.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

13b. Address (street and number, city, State and ZIP code):

13f. E-Mail Address

Dir. of Organizing

csmolinsky@teamsterslocal25.com

Date

1.27.20

544 Main St. Boston Ma 02129

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.

13e. Fax No.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN TH	IS SPACE
Case No.	Date Filed
01-RC-255284	1-28-20

						-KU-23	1 - 28	3-20	
iNSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	. The petition must les named in the pe	be accompanied i tition of: (1) the p	by both a st etition; (2) S	nowing of interest Statement of Post	t (see 6b below) tion form (Form	ind a centilic NLRB-505); a	office in the Region in whate of service showing sei nd (3) Description of Repi	Ich the rvice on resentation	
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National La	atitioner desires to be	certified as repres	entative of t	he employees. The	Petitioner alleg	es that the fo	llowing circumstances ex	lective dst and	
2s. Name of Employer: Petro Home Services		2b. Ad .141	dress(es) of Knight S	Establishment(s) i treet, Warwic	nvolved (Street ar ck, RI 02886	d number, Ci	y, State, ZIP code):		
3a. Employer Representative - N Jeffrey Isaacs	lame and Title:	3b. Ad same	200 ann ann an 19 <u>2</u> 1 ann an 1921 an	né as 2b - state sai	me):				
3a, Tel. No. 401-621-5141	3d. Cell No. 914-523-279	93	3e. Fax No 845-35			l Address @mac.com	n		
4s. Type of Establishment (Factor Service and delivery	y, mine, wholesater,	etc.)	4b. Princip Heating	oil and air c	onditioning		ind State where unit is local ick, RI	ted;	
5b. Description of Unit Involved Included: see attached				,		2	er of Employees in Unit		
Excluded: see attached						repre	substantial number (30% or employees in the unit wish tented by the Petitioner? [X	r more) to be Yes No	
on or about (Dat	recognition as Bargal e) currently recognized	(If no reply I	received, so	state).			declined recognition		
8s. Name of Recognized or Cert None	ified Bargaining Ag	ent (il none, so sia	(e) 8b, Ad	ddress:					
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f, E-Ma	8f, E-Mail Address			
8g. Affiliation, if any:		1	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	g at the Employer's e	stablishment(s) inv	olved? No	If so, ap	100		es are participating? yer since (Month, Day, Yea	d	
(Name of Labor Organization)  10. Organizations or individuals of individuals known to have a re None	her than Petitioner ar presentative interest	nd those named in In any employees	items 8 and in the unit de	9, which have clair escribed in item 5b	med recognition a	s representati		A	
10a, Name	10b. /	Address	-		10o. Tel	No.	10d. Cell No.		
					10e, Fa	No.	10f. E-Mail Address		
11. Election Details: If the NLRB	conducts and election	n in this matter, sta	ate your posi	tion with respect to	any such electio	11a. Elect	the state of the s	Manual/Mail	
11b. Election Date(s): 2/20/2020	11c. l	Election Time(s):				ction Location	(s):		
12a. Full Name of Petitioner (inc Teamsters Local 251	luding local name an	d number):		12b. Address (st. 121 Brightr	reet and number, idge Avenue	city, State and , East Pro	Vidence, RI 02914		
12c. Full name of national or inter International Brotherho	national labor organiz od of Teamster	ation of which Pet	tioneris en a	affiliate or constitue	ent (if name, so sta	te):			
12d, Tel. No. 401-434-0454	12e. Cell No. 401-965-20			1-1893	(b) (d		')(C)		
13. Representative of the Petitic 13a. Name and Title: Marc Gursky/Attorney	oner who will accept	service of all pag	13h Addr	poses of the repress (street and nu- en Rod Road	mber city. State a	nd ZIP code):	n, RI 02852		
13c. Tel. No. 401-294-4700	13d. Cell No. 401-580-34			4-4702	mgur		orlaw.com		
I declare that I have read the ab	ove petition and the		are true to t	ho best of my kno	Title	cf.		Date/ /	
Michael Simone		Much	Serve	ne	Organiza	r/Trustee		1/98/20	

### **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

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-255476	1/30/2020					

### RC PETITION

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Boda Borg 90 Pleasant St. Malden, MA 02145 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Chad Ellis - Owner Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 617-817-1531 chad.ellis@bodaborg.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Gaming Entertainment Maiden MA 6a. No. of Employees in Unit: 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 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All confidential employees, guards and supervisors as defined by the Act. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 01/28/20 and Employer declined recognition on or about Check One: \_(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. 8f. E-Mail Address 8d Cell No. 8e. Fax No. 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) 10c. Tel. No. 10a, Name 10b. Address 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 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): 2nd floor meeting room. 90 Pleasant Street. Malden MA 02145 4 pm to 6 pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Communications Workers of America 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 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 212 344-2515 212 425-2947 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. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 212 344-2515 917 657-1199 212 425 2947 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) Signature 01/30/20 Atul Talwar Attorney

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.