



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No.

EE- **3763**

IN THE MATTER OF

Town Of North Providence - Mancini Center

EMPLOYER

-AND-

RI Council 94 AFSCME AFL-CIO

EMPLOYEE REPRESENTATIVE



AMENDED

PETITION FOR INVESTIGATION OF
CONTROVERSIES AS TO
REPRESENTATION
PURSUANT TO R.I.G.L. 28-7-16
RI STATE LABOR RELATIONS ACT

FILE AN ORIGINAL, SIGNED IN BLUE INK, WITH THE BOARD. THIS FORM MUST BE TYPED

1. Type of Petition (Check one)



Petition by or on behalf of employees seeking **Certification** of any Employee Organization.



Petition by Employer seeking to resolve **Claim of Representation** by one or more Employee Organizations.

2. Name of Employer: Town of North Providence - Mancini Center

Address: 2 Atlantic Boulevard North Providence RI 02911

Representative: Linda Giorgio Telephone Number: 401-231-0742 Email: npmcdirector@northprovidenceri

3. Name of Employee Organization: RI Council 94 AFSCME AFL-CIO

Address: 1179 Charles Street North Providence RI 02904

Representative: John Burns Telephone Number: 401-486-1995 Email: JBurns@ricouncil94.org

4. Composition of Unit to Organize – **1) List the specific titles of the positions to be included in proposed unit; and 2) List the specific titles of the positions to be excluded in proposed unit, if applicable.**

(Attach additional sheets if necessary)

Included:

see attached list

Excluded:

see attached list

5. Number of employees in unit sought: 3

6. List other Employee Organizations known to have an interest in the employees previously described.

Name(s): _____

Address(es): _____

Representative: _____ Telephone Number: _____ Email: _____

Note: Upon submission of this Petition for Representation, Cards of Interest, with a showing of at least thirty percent (30%), must be submitted by the close of business (3:00 p.m.) on the date in which the petition is filed. Only Cards of Interest with original signatures shall be accepted.

Pursuant to R.I.G.L. 28-7-16, the undersigned requests that the Rhode Island State Labor Relations Board investigate the question or controversy of representation of employees; and certify to all persons concerned the name(s) of the representatives who have been designated or selected by said employees.

PETITIONER'S SIGNATURE: John Burns

Name: John Burns

Address: 1179 Charles Street North Providence RI 02904

Business Telephone: 401-724-5900

Facsimile: 401-724-2060

DATE: 9-25-23

Title: Senior Staff Representative

Cellular No.: 401-486-1995

Email: JBurns@ricouncil94.org

The RI State Labor Relations Board is an equal opportunity employer.
Auxiliary aids and services are available upon request to individuals with disabilities.
TTY VIA RI RELAY: 711

Included

All full-time employees including Maintenance Technician, Program Coordinator and Office Manager/
Elder Services Resource.

Excluded

All other employees

Executive Director, Part-time employees, front desk coordinator, health education coordinator, kitchen assistant, dinning room assistant, meal delivery, professional, managerial, supervisors, confidential as defined by the act.