

Facsimile:

STATE OF RHODE ISLAND RI STATE LABOR RELATIONS BOARD

IN THE MATTER OF

DO NOT WRITE IN THIS SPACE Case No. EE- 3765

The	e MET School	PETITION FOR INVESTIGATION OF
-AND-		CONTROVERSIES AS TO REPRESENTATION PURSUANT TO R.I.G.L. 28-7-16
NE	ARI	RI STATE LABOR RELATIONS ACT
	EMPLOYEE REPRESENTATIVE	
	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 Certificate Petition by Employer seeking to resolve Claim of Representations.	
2.	Name of Employer: The MET School	
	Address: 325 Public St.	
	Representative: Steve Adams Telephone Number: 4	01 595-5297 Email: sadams@bglaw.com
3.	Name of Employee Organization: NEARI	
	Address: 99 Bald Hill Rd.	
	Representative: Fil Eden Telephone Number: 4	01 702-3248 Email: feden@neari.org
	and 2) List the specific titles of the positions to be exclude (Attach additional sheets if necessary) Included: Certified teachers: all teaching positions that require a teaching certification Excluded: Supervisors, guards, and support staff for whom a teaching certificate is not rehave teaching certs, are not required to have a teaching cert for their job and this	quired. It is our understanding that PACs, though some of them
5.	Number of employees in unit sought: 82	
6.	List other Employee Organizations known to have an interest in the employees previously described	
	Name(s): None	
	Address(es):	
	Representative: Telephone Number: _	Email:
On On Pur	te: Upon submission of this Petition for Representation, Corcent (30%), must be submitted by the close of business (3 by Cards of Interest with original signatures shall be accepted as a submitted by the close of business (3 by Cards of Interest with original signatures shall be accepted as a submitted by the close of Interest with original signatures shall be accepted as a submitted by the close of Interest with original signatures of the control of t	the Rhode Island State Labor Relations Board apployees; and certify to all persons concerned the elected by said employees.
	TITIONER'S SIGNATURE:	DATE: 5/8/2025
		DATE: 5/8/2025 Title: VAISEN
Ade	me: William (Fil) Eden dress: 99 Bald Hill Rd.	
Ru	siness Telephone: 401 702 - 3248	Cellular No.: 401 702 - 32 48
	csimile:	Email: feder @ 1ear, . Org