

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 10/08/2022 11:59:20

Created Date
2012-11-09 19:45:33.0

Registration Expiration Date
2024-12-31

Last Updated
2022-10-08

Registration Status
VALID

Created by
men61869

Registration Renewed Date
2022-10-08

Registration Status Reason
Biennial Registration Renewal - 2020

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: Registration Number: **16503095492** Pin No **4E7xJEbB**

Are you the new owner of a previously registered facility?

☐ Yes ☒ No

Previous Owner's Title:

Previous Owner's Name :

Previous Owner's Registration Number :

Section 2: Facility Name/Address Information

Facility Name
ALDINO SRL

Facility Name Suffix
Company

Facility Street Address, Line 1
Via Emanuele Balestrieri 236

Facility Street Address, Line 2

City
Lucca

State/Province/Territory
Lucca

Zip/Postal Code
55100

Country/Area
ITALY

Telephone Number
039 0583 40521

Fax Number
039 0583 406501

E-Mail Address
I.degennaro@mennucci.it

Unique Facility Identifier (UFI)
439933189

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

ALDINO SRL

Telephone Number

039 0583 40521

Address, Line 1

Via Emanuele Balestrieri 236

Fax Number

039 0583 406501

Address, Line 2

E-Mail Address

I.degennaro@mennucci.it

City

Lucca

State/Province/Territory

Lucca

Zip Code (Postal Code)

55100

Country/Area

ITALY

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- ☒ Same as Facility Address (Section 2)
☐ Same as Preferred Mailing Address (Section 3)
☐ None of the above

Company Name

ALDINO SRL

Telephone Number

039 0583 40521

Company Name Suffix

Company

Fax Number

039 0583 406501

Address, Line 1

Via Emanuele Balestrieri 236

E-Mail Address

I.degennaro@mennucci.it

Address, Line 2

City

Lucca

State/Province/Territory

Lucca

Zip Code (Postal Code)

55100

Country/Area

ITALY

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- ☐ Same as Facility Address (Section 2)
☒ Same as U.S. Agent Information (Section 7)
☐ None of the above

Individual's Title (Optional)

Emergency Contact Phone

001 718 7070606

Individual's Name (Optional)

PARAGONTAX

E-mail Address

paragontax@hotmail.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

☐ Yes ☒ No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

Name	Telephone Number
PARAGONTAX	718 7070606
Address, Line 1	Emergency Contact Phone
4612 Queens Blvd Ste 205	718 7070606
Address, Line 2	Fax Number
City	E-Mail Address
Long Island City	paragontax@hotmail.com
State/Province/Territory	
New York	
Zip Code (Postal Code)	
11104-1740	
Country/Area	
UNITED STATES	

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1	
Start Month	End Month
Harvest 2	
Start Month	End Month

Section 9: General Product Categories - Human/Animal/Both

☒ Food for Human Consumption ☐ Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37.	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Processor	Low-Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Food for Human Consumption
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22. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- ☐ Section 2 - Facility Address Information
☐ Section 3 - Preferred Mailing Address Information
☐ Section 4 - Parent Company Address Information
☒ Section 7 - U.S. Agent Address Information
☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : PARAGONTAX

Address, Line 1

4612 Queens Blvd Ste 205

Telephone Number

001 718 7070606

Address, Line 2

Fax Number

City

Long Island City

E-Mail Address

paragontax@hotmail.com

State/Province/Territory

New York

Zip Code (Postal Code)

11104

Country/Area

UNITED STATES

Section 11: Inspection Statement

☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: Dan Pantor

CHECK ONE BOX

- ☒ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
☐ B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

E-Mail Address

-N/A-

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-