

# FDA | U.S. Food and Drug Administration Food Facility Registration

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

Created Date <b>2012-11-09 19:45:33.0</b>	Created by <b>men61869</b>
Registration Expiration Date <b>2024-12-31</b>	Registration Renewed Date <b>2022-10-08</b>
Last Updated <b>2022-10-08</b>	Registration Status Reason <b>Biennial Registration Renewal - 2020</b>
Registration Status <b>VALID</b>	

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 <b>ALDINO SRL</b>	Telephone Number <b>039 0583 40521</b>
Facility Name Suffix <b>Company</b>	Fax Number <b>039 0583 406501</b>
Facility Street Address, Line 1 <b>Via Emanuele Balestrieri 236</b>	E-Mail Address <b>I.degennaro@mennucci.it</b>
Facility Street Address, Line 2	Unique Facility Identifier (UFI) <b>439933189</b>
City <b>Lucca</b>	
State/Province/Territory <b>Lucca</b>	
Zip/Postal Code <b>55100</b>	
Country/Area <b>ITALY</b>	

## 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 <b>ALDINO SRL</b>	Telephone Number <b>039 0583 40521</b>
Address, Line 1 <b>Via Emanuele Balestrieri 236</b>	Fax Number <b>039 0583 406501</b>
Address, Line 2	E-Mail Address <b>I.degennaro@mennucci.it</b>
City <b>Lucca</b>	
State/Province/Territory <b>Lucca</b>	
Zip Code (Postal Code) <b>55100</b>	
Country/Area <b>ITALY</b>	

#### 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 <b>ALDINO SRL</b>	Telephone Number <b>039 0583 40521</b>
Company Name Suffix <b>Company</b>	Fax Number <b>039 0583 406501</b>
Address, Line 1 <b>Via Emanuele Balestrieri 236</b>	E-Mail Address <b>I.degennaro@mennucci.it</b>
Address, Line 2	
City <b>Lucca</b>	
State/Province/Territory <b>Lucca</b>	
Zip Code (Postal Code) <b>55100</b>	
Country/Area <b>ITALY</b>	

#### 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 <b>001 718 7070606</b>
Individual's Name (Optional) <b>PARAGONTAX</b>	E-mail Address <b>paragontax@hotmail.com</b>
Individual's Middle Name (Optional)	Job Title (Optional)
Individual's Last Name (Optional)	



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-**