

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	Created by men61869
Registration Expiration Date 2024-12-31	Registration Renewed Date 2022-10-08
Last Updated 2022-10-08	Registration Status Reason Biennial Registration Renewal - 2020
Registration Status VALID	

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

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)	

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-