

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Date: 03/02/2025 15:28:40

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

Created by  
men61869

Registration Expiration Date  
2026-12-31

Registration Renewed Date  
2024-10-02

Last Updated  
2025-03-02

Registration Status Reason  
Biennial Registration Renewal - 2024

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

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

☐ 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)*

Individual's Name *(Optional)*

**PARAGONTAX**

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Emergency Contact Phone

**001 718 7070606**

E-mail Address

**paragontax@hotmail.com**

Job Title *(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)

U.S. Agent ID

**USID8227248**

Telephone Number

**718 7070606**

Name

**PARAGONTAX**

Emergency Contact Phone

**718 7070606**

Address, Line 1

**4612 Queens Blvd Ste 205**

Fax Number

**718 7070166**

Address, Line 2

E-Mail Address

**paragontax@hotmail.com**

City

**Astoria**

State/Province/Territory

**New York**

Zip Code (Postal Code)

**11104**

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 (Reconditioning)
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"/>

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 FORM:** 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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-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-	