

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date

**08/04/2022 12:01:42**

Created by

**fro72598**

Created Date

**2022-08-04 12:00:26.0**

Registration Renewed Date

Registration Expiration Date

**2022-12-31**

Last Updated

**2022-08-04**

Registration Status

**VALID**

Registration Status Reason

**Pending UFI Confirmation**

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: 11577642822** Pin No **DJEE969B** [Modify Pin](#)

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

**PASTIFICIO ITALYCA DI CALDARULO FRANCESCO**

Telephone Number

**039 328 3218419**

Facility Name Suffix

**Company**

Fax Number

E-Mail Address

**fcaldarulo@hotmail.it**

Facility Street Address, Line 1

**VIALE JOHN FITZGERALD KENNEDY, 168**

Unique Facility Identifier (UFI)

Facility Street Address, Line 2

**PENDING**

City

**Grottole**

State/Province/Territory

**Matera**

Zip/Postal Code

**75010**

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	Telephone Number
<b>PASTIFICIO ITALYCA DI CALDARULO FRANCESCO</b>	<b>039 328 3218419</b>
Address, Line 1	Fax Number
<b>VIALE JOHN FITZGERALD KENNEDY, 168</b>	
Address, Line 2	E-Mail Address
	<b>fcaldarulo@hotmail.it</b>
City	
<b>Grottole</b>	
State/Province/Territory	
<b>Matera</b>	
Zip Code (Postal Code)	
<b>75010</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	Telephone Number
<b>PASTIFICIO ITALYCA DI CALDARULO FRANCESCO</b>	<b>039 328 3218419</b>
Company Name Suffix	Fax Number
<b>Company</b>	
Address, Line 1	E-Mail Address
<b>VIALE JOHN FITZGERALD KENNEDY, 168</b>	<b>fcaldarulo@hotmail.it</b>
Address, Line 2	
City	
<b>Grottole</b>	
State/Province/Territory	
<b>Matera</b>	
Zip Code (Postal Code)	
<b>75010</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)*

Individual's Name *(Optional)*

**Salvatore**

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

**Ciccarello**

Emergency Contact Phone

**001 516 2346577**

E-mail Address

**CiccarelloSalvatore@Gmail.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

**USID2752716**

Telephone Number

**516 2346577**

First Name

**Salvatore**

Emergency Contact Phone

**516 2346577**

Middle Name *(Optional)*

Fax Number

Last Name

**Ciccarello**

E-Mail Address

**CiccarelloSalvatore@Gmail.com**

Title *(Optional)*

Address, Line 1

**18 Jayson Ave**

Address, Line 2

City

**Great Neck**

State/Province/Territory

**New York**

Zip Code (Postal Code)

**11021**

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

End Month

Start Month <b>January</b>	<b>December</b>
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

Selected Product Name	Selected Activity Types
22. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;

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 : FRANCESCO CALDARULO

Address, Line 1 <b>VIALE JOHN FITZGERALD KENNEDY, 168</b>	Telephone Number <b>039 328 3218419</b>
Address, Line 2	Fax Number
City <b>Grottole</b>	E-Mail Address <b>fcaldarulo@hotmail.it</b>
State/Province/Territory <b>Matera</b>	
Zip Code (Postal Code) <b>75010</b>	
Country/Area <b>ITALY</b>	

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:** Salvatore Ciccarello

**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-	