

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

Date: 10/06/2016 13:25:07

Created Date  
**2004-03-10 07:07:23.0**

Created by  
**inp81903**

Registration Expiration Date  
**2018-12-31**

Registration Renewed Date  
**2016-10-06**

Last Updated  
**2016-10-06**

Registration Status Reason  
**Biennial Registration Renewal - 2014**

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 broker, distributor, importer/filer?

Yes  No

## Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number: 14324602216* Pin No **bheb7jIA**

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  
**INPA SPA**

Telephone Number  
**039 571 584418**

Facility Name Suffix  
**Corporation**

Fax Number  
**039 571 584297**

Facility Street Address, Line 1  
**VIA CIAMBELLANA, 2**

E-Mail Address  
**inpa@inpa.it**

Facility Street Address, Line 2  
**SANT'ANSANO**

City  
**VINCI**

State/Province/Territory  
**Firenze**

Zip/Postal Code

**50059**

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)? No

Name

**INPA SPA**

Telephone Number

**039 571 584418**

Address, Line 1

**Via Ciambellana, 2**

Fax Number

**039 571 584297**

Address, Line 2

**Sant'Ansano,**

E-Mail Address

**inpa@inpa.it**

City

**Vinci**

State/Province/Territory

**Firenze**

Zip Code (Postal Code)

**50059**

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

**INPA SPA**

Telephone Number

**039 571 584418**

Company Name Suffix

**Corporation**

Fax Number

**039 571 584297**

Address, Line 1

**VIA CIAMBELLANA, 2**

E-Mail Address

**inpa@inpa.it**

Address, Line 2

**SANT'ANSANO**

City

**VINCI**

State/Province/Territory

**Firenze**

Zip Code (Postal Code)

**50059**

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)

**Mr**

Emergency Contact Phone

**039 347 4622106**

Individual's Name (Optional)

**Daniela Innocenti**

E-mail Address

**grosserconsulting@gmail.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

Alternate Trade Name #1: **MAREVERDE**

## 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

**D. Grosser and Associates, Ltd**

Telephone Number

**347 4622106**

Address, Line 1

**1474 E 21st St**

Emergency Contact Phone

**347 4622106**

Address, Line 2

Fax Number

City

**Brooklyn**

E-Mail Address

**grosserconsulting@gmail.com**

State/Province/Territory

**New York**

Zip Code (Postal Code)

**11210-5034**

Country/Area

**UNITED STATES**

Selected Product Name	Selected Activity Types
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**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**

Selected Product Name	Selected Activity Types
13. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Acidified Food Processor; Manufacturer / Processor;
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	
e. Processed and Other Fishery Products	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); Manufacturer / Processor;
25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Acidified Food Processor; Manufacturer / Processor;
27. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]	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); Labeler / Relabeler;
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]	
c. Other Vegetable and Vegetable Products	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); Manufacturer / Processor;

**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 - US Agent Address Information**  
 **None of the above**

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

Address, Line 1  
**VIA CIAMBELLANA, 2**

Telephone Number  
**039 571 584418**

Address, Line 2  
**SANT'ANSANO**

Fax Number  
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City  
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**50059**

Country/Area  
**ITALY**

### 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:** Donato Grosser

#### 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  
**-N/A-**

E-Mail Address  
**-N/A-**

City  
**-N/A-**

State/Province/Territory  
**-N/A-**

Zip Code (Postal Code)  
**-N/A-**

Country/Area  
**-N/A-**

