

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
07/19/2023 10:36:40

Created by
tru73435

Created Date
2023-07-18 06:25:11.0

Registration Renewed Date

Registration Expiration Date
2024-12-31

Last Updated
2023-07-19

Registration Status
VALID

Registration Status Reason
Initial registration

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:* **18994679532** Pin No **fbJ4Dia4** [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 Truffleat srl	Telephone Number 039 335 304243
Facility Name Suffix Limited	Fax Number
Facility Street Address, Line 1 COLLEROMANO VIA TIBERINA KM 9.200	E-Mail Address robertougolini@me.com
Facility Street Address, Line 2	Unique Facility Identifier (UFI) 440256844
City RIANO	
State/Province/Territory Roma	
Zip/Postal Code 00060	

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 Truffleat srl	Telephone Number 039 335 304243
Address, Line 1 COLLEROMANO VIA TIBERINA KM 9.200	Fax Number
Address, Line 2	E-Mail Address robertougolini@me.com
City RIANO	
State/Province/Territory Roma	
Zip Code (Postal Code) 00060	
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 Truffleat srl	Telephone Number 039 335 304243
Company Name Suffix Limited	Fax Number
Address, Line 1 COLLEROMANO VIA TIBERINA KM 9.200	E-Mail Address robertougolini@me.com
Address, Line 2	
City RIANO	
State/Province/Territory Roma	
Zip Code (Postal Code) 00060	
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

039 335 304243

Individual's Name *(Optional)*

Individual's Middle Name *(Optional)*

E-mail Address

robertougolini@me.com

Individual's Last Name *(Optional)*

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

Alternate Trade Name #1 : **CAVIAREAT**

Alternate Trade Name #2 : **ALBATRUFFLES**

Alternate Trade Name #3 : **UGOLINI**

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

USID9796296

Telephone Number

347 9640171

Name

International Trade Alliance ITA Group LTD

Emergency Contact Phone

347 9640171

Address, Line 1

1665 Bath Ave

Fax Number

Address, Line 2

E-Mail Address

info@itagroupltd.com

City

Brooklyn

State/Province/Territory

New York

Zip Code (Postal Code)

11214

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

<p>January</p> <p>Harvest 2</p> <p>Start Month</p>	<p>December</p> <p>End Month</p>
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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
1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators);
8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators);
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);
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	
e. Processed and Other Fishery Products	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
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);
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);
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators);
30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Packer / Repacker;
34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators);
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	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);
If the food categories listed above do not apply, then print the applicable food category or categories.	
Fresh and Frozen Truffle Dresh and Dry Mushroom Truffle Flavored Honey Pistachio Spread	

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 : ROBERTO UGOLINI

Address, Line 1

COLLEROMANO VIA TIBERINA KM 9.200

Telephone Number

039 335 304243

Address, Line 2

Fax Number

City

RIANO

E-Mail Address

robertougolini@me.com

State/Province/Territory

Roma

Zip Code (Postal Code)

00060

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 FORM: ROBERTO UGOLINI

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-

