



# CERTIFICATE OF REGISTRATION

THIS CERTIFIES THAT  
**SAVI ITALO SRL**

IS REGISTERED WITH THE U.S. FOOD AND DRUG ADMINISTRATION PURSUANT TO THE FEDERAL  
FOOD DRUG AND COSMETIC ACT, AS AMENDED BY THE BIOTERRORISM ACT OF 2002 AND THE  
FDA FOOD SAFETY MODERNIZATION ACT

**U.S. FDA REGISTRATION No.: 11873000832**

**DUNS NUMBER: 442796764**

**U.S. AGENT FOR FDA COMMUNICATIONS: ITA GROUP LTD**

# 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

**02/20/2024 4:18:51**

Created by

**sav44567**

Created Date

**2022-06-21 04:43:14.0**

Registration Renewed Date

**2022-10-06**

Registration Expiration Date

**2024-12-31**

Last Updated

**2022-11-22**

Registration Status

**VALID**

Registration Status Reason

**US Agent Confirmed Facility Assignment**

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:* **11873000832** Pin No **EdEE7FxA** [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

**SAVI ITALO SRL**

Telephone Number

**039 052 3982601**

Facility Name Suffix

**Limited**

Fax Number

E-Mail Address

**marina@saviitalo.it**

Facility Street Address, Line 1

**VIA SAN PROTASO 171**

Unique Facility Identifier (UFI)

**442796764**

Facility Street Address, Line 2

City

**FIORENZUOLA D'ARDA**

State/Province/Territory

**Piacenza**

Zip/Postal Code

**29017**

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>SAVI ITALO SRL</b>	<b>039 052 3982601</b>
Address, Line 1	Fax Number
<b>VIA SAN PROTASO 171</b>	
Address, Line 2	E-Mail Address
	<b>marina@saviitalo.it</b>
City	
<b>FIORENZUOLA D'ARDA</b>	
State/Province/Territory	
<b>Piacenza</b>	
Zip Code (Postal Code)	
<b>29017</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>SAVI ITALO SRL</b>	<b>039 052 3982601</b>
Company Name Suffix	Fax Number
<b>Limited</b>	
Address, Line 1	E-Mail Address
<b>VIA SAN PROTASO 171</b>	<b>marina@saviitalo.it</b>
Address, Line 2	
City	
<b>FIORENZUOLA D'ARDA</b>	
State/Province/Territory	
<b>Piacenza</b>	
Zip Code (Postal Code)	
<b>29017</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)*

Emergency Contact Phone

**001 347 9640171**

Individual's Name *(Optional)*

**International Trade Alliance ITA Group LTD**

E-mail Address

**info@itagroupltd.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

## 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

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
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]	
b. Edible Seed and Edible Seed Products	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Manufacturer / Processor;
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); 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 - U.S. Agent Address Information  
 None of the above

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

Address, Line 1  
**VIA SAN PROTASO 171**

Address, Line 2

City  
**FIORENZUOLA D'ARDA**

State/Province/Territory  
**Piacenza**

Zip Code (Postal Code)  
**29017**

Country/Area  
**ITALY**

Telephone Number  
**039 052 3982601**

Fax Number

E-Mail Address  
**marina@saviitalo.it**

## 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:** MARINA CARLETTI

**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-	