Date:10/02/2026 4:07:42

Created Date

2003-12-05 06:53:42.0

Created by

dis6487

Registration Expiration Date

2028-12-31

Registration Renewed Date

2026-10-02

Last Updated

2026-10-02

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: **13632968592** Pin No **[C@53eec2**

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

Distillerie Bonollo S.p.A.

Telephone Number

039 0775 77821

Facility Name Suffix

Corporation

Fax Number

039 0775 778240

Facility Street Address, Line 1

VIA FRATTA ROTONDA VADO LARGO, 8

E-Mail Address

spirits@bonollo.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

ANAGNI

State/Province/Territory

Frosinone

Zip Code (Postal Code)

03012

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

Distillerie Bonollo S.p.A. Corporation

Address, Line 1

Via Mosca 5

Address, Line 2

City

Formigine

State/Province/Territory

Modena

Zip Code (Postal Code)

41043

Country/Area

ITALY

Telephone Number

039 059 578700

Fax Number

039 059 571196

E-Mail Address

spirits@bonollo.com

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

Distillerie Bonollo S.p.A. Corporation

Company Name Suffix

Address, Line 1

Via Mosca 5

Address, Line 2

City

Formigine

State/Province/Territory

Modena

Zip Code (Postal Code)

41043

Country/Area

ITALY

Telephone Number

039 059 578700

Fax Number

039 059 571196

E-Mail Address

spirits@bonollo.com

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

001 914 8048740

Individual's Name (Optional)

ATPGroup

E-Mail Address

mzanin@atpgroup.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)

Name

ATPGroup

Telephone Number

914 8341881 null

Address, Line 1

2 Madison Ave

Emergency Contact Phone

914 8048740

Address, Line 2

Suite 210

Fax Number

914 8344611

City

Larchmont

E-Mail Address

mzanin@atpgroup.com

State/Province/Territory

New York

Zip Code (Postal Code)

10538

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 (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
1.ALCOHOLIC BEVERAGES[21 CFR 170.3 (n) (2)]	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
15.FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING[21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐

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

FDA U.S. FOOD & DRUG ADMINISTRATION

○None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: ATPGroup, Mr. Mark Zanin - President

Address, Line 1

2 Madison Ave

Address, Line 2

Suite 210

City

Larchmont

State/Province/Territory

New York

Zip Code (Postal Code)

10538

Country/Area

UNITED STATES

Telephone Number

001 914 8341881

Fax Number

001 914 8344611

E-Mail Address

mzanin@atpgroup.com

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: Annalena Ghiaroni

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-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

Telephone Number

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-