

Date:12/17/2024 4:32:32

Created Date	Created by
2022-01-05 10:11:10.0	gro17957
Registration Expiration Date	Registration Renewed Date
2026-12-31	2024-12-17
Last Updated	Registration Status Reason
2024-12-17	Accepted UFI
Registration Status	
VALID	
Is this facility engaged in the manufacturing/processing, packing, or holdin Yes ONo Are you a fishing vessel engaged in processing (21 CFR 1.226(f))? Yes ONo	g of food for human or animal consumption in the United States?
Section 1: Type of Registration	
Facility Location: Foreign Registration	
UPDATE OF REGISTRATION INFORMATION:	
Registration Number: 18747925552 Pin No eg2GAaDG	
Are you the new owner of a previously registered facility?	
Oyes • No	
Previous Owner's Title:	
Previous Owner's Name:	
Previous Owner's Registration Number:	
Section 2: Facility Name/Address Information	
Facility Name	Telephone Number
Grofresh Agrofoods	091 855 3380772
Facility Name Suffix	Fax Number
Other	
Facility Name Suffix Other	
Private Limited	
Facility Street Address, Line 1	E-Mail Address
SY 25/13, NH-4, SIRA ROAD	srinivasa.naik@grofreshagro.com

Unique Facility Identifier (UFI)

City

Tumkur

State/Province/Territory

MARALENAHALLI

Facility Street Address, Line 2

Karnataka



Zip Code (Postal Code)

572106

Country/Area

INDIA

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

Grofresh Agrofoods 091 855 3380772

Address, Line 1 Fax Number

SY 25/13, NH-4, SIRA ROAD

Address, Line 2 E-Mail Address

MARALENAHALLI srinivasa.naik@grofreshagro.com

City

Tumkur

State/Province/Territory

Karnataka

Zip Code (Postal Code)

572106

Country/Area

INDIA

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)

OSame as Preferred Mailing Address (Section 3)

ONone of the above

Company Name Telephone Number

Grofresh Agrofoods 091 855 3380772

Company Name Suffix Fax Number

Other

Company Name Suffix Other

Private Limited

Address, Line 1 E-Mail Address

SY 25/13, NH-4, SIRA ROAD srinivasa.naik@grofreshagro.com

Address, Line 2

MARALENAHALLI

City

Tumkur



State/Province/Territory	
Karnataka	
Zip Code (Postal Code)	
572106	
Country/Area	
INDIA	
Section 5: Facility Emergency Contact Infor	mation
If information is the same as another section, check which	section:
Same as Facility Address (Section 2)	
OSame as U.S. Agent Information (Section 7)	
ONone of the above	
Individual's Title (Optional)	Emergency Contact Phone
individuals file (Optional)	091 855 3380772
Individual's Name (Optional)	E-Mail Address
mariadare name (optional)	srinivasa.naik@grofreshagro.com
Individual's Middle Name (Optional)	Job Title (Optional)
Individual's Last Name (Optional)	(4)
Section 6: Trade Names	
OYes	Idition to the name provided in Section 2: Facility Name/Address Information?
©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	Emergency Contact Phone
USID6293144	410 2202800
Name	Fax Number
FDAImports.com, LLC	
Address, Line 1	E-Mail Address
2631 Housley Road, #1211	registration@fdaimports.com
Address, Line 2	
City	
Annapolis	
State/Province/Territory	
Maryland	
Zip Code (Postal Code)	
21401	



Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional). Start Month Section 3: Seasonal Facility Dates of Operation (Optional) Start Month Section 9: General Product Categories - Human/Animal/Both Flood for Human Consumption Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility To be completed by Ambient Food all flood featilities. Startop Wardhouse Storage Wardhouse Wardh	Country/Area													
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 End Month Section 9: General Product Categories - Human/Animal/Both Flood for Human Consumption Section 9: General Product Categories - Food for Human Consumptions Section 9: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility To be completed by Ambient Food all food Series (Activity Conducted at the Facility) To be completed by Ambient Food all food Series (Activity Conducted at the Facilities) Flood for Human Consumption Section 9: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facilities To be completed by Ambient Food all food Series Warehouse Storage Warehouse Storage Warehouse Storage Warehouse Storage Warehouse Storage Warehouse Food Activity Conducted at the Facilities (Activity Conducted Activity			ity Dates of O	noration (On	tional\									
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Start Month Harvest 2 Start 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 Ambient Food all food facilities, Deciding Pacility Holding Pa	Give the approxi	mate dates that y	our facility is oper	n for business, if it	s operati	ions are	on a seas	sonal bas	sis (Optic	nal).				
Barvest 2 Start Month End Month	Harvest 1													
Start Month Section 9: General Product Categories - Human/Animal/Both	Start Month					End Mo	onth							
Section 9: General Product Categories - Human/Animal/Both	Harvest 2													
Food for Animal Consumption Food for Animal Consumption Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility	Start Month					End Mo	onth							
Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility To be completed by Ambient Food all food facilities. Storage Warehouse Storage Warehouse of Holding Facility / Gag., storage (e.g., storage (e.g., storage)	Section 9: Go	eneral Produc	ct Categories	- Human/Ani	mal/Bo	oth								
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To be completed by Ambient Food all food facilities. Ambient Food all food facilities. Storage Warehouse Food Acid e Process Food Conveya Process Food Co	Section 9a: 0	Seneral Produ	uct Categorie	s - Food for H	łuman	Consu	ımptio	n; and	Туре	of Activ	ity Co	nducte	d at th	e
all food facilities. Storage Warehouse Storage Warehouse Products Please see / Holding Facility / Holding Fa	Facility													
Please see Molding Facility	To be completed by	Ambient Food	Refrigerated Food	Frozen Food	Acidified	Low-	Interstat	Contract	Labeler /	Manufact	Packer /	Salvage	Farm	Other
instructions for (e.g., storage (e.g., storage (r.g., storage) (r.g., storage (r.g., storage (r.g., storage) (r.g., storage (r	all food facilities.	Storage Warehouse	Storage Warehouse	Storage Warehouse	Food	Acid	е	Sterilizer	Relabele	urer /	Repacke	Operator	Mixed-	Activity
further examples. IF facilities, including facilities) or Caterer / Catering Point	Please see	/ Holding Facility	/ Holding Facility	/ Holding Facility	Process	Food	Conveya		r	Process	r	(Recondi	Туре	Conduct
NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37 17. FRUIT AND FRUIT PRODUCTS(pt of the 160 fold, 0.07), 0.06, 0.06, 4.69) 18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS(pt or Recompleted by the 160 fold, 0.07), 0.06, 0.06, 1.09, 1.09, 0.09, 0.06, 1.09, 0.06, 1.09, 0.09, 0.06, 1.09, 0.09, 0.00, 1.09, 0.09, 0.00, 1.09, 0.09, 0.00, 1.09, 0.09, 0.00, 1.09, 0.09 33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES(pt or Recompleted by the 160 fold) and Vegetable and Vegetable Producted Other Activity Conducted	instructions for	(e.g., storage	(e.g., storage	(e.g., storage	or	Process	nce			or		tioner)	Facility	ed
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CATEGORIES BELOW APPLY, SELECT BOX 37	NONE OF THE	storage tanks, grain	storage tanks)	4.6			Catering				6			Specify)
BELOW APPLY, SELECT BOX 37		elevators)					Point							
SELECT BOX 37	0	20		000										
c.Other Fruit and Fruit Products 18.FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTSpi cFR 170.3 (b) (3), (16), (26)) 33.VEGETABLE AND VEGETABLE PRODUCT CATEGORIES(pi CFR 170.3 (a)) (19), (36)) C.Other Vegetable and V														
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18.FRUIT OR	c.Other Fruit and								_					
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Other Activity Conducted						ш	Ш		Ш			Ш		Ľ
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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:	
OSection 2 - Facility Address Information	
OSection 3 - Preferred Mailing Address Information	
● Section 4 - Parent Company Address Information	
OSection 7 - US Agent Address Information	
ONone of the above	
Name of Entity or Individual Who is the Owner, Operator, or Agent-in-	Charge: Srinivasa Naika N
Address, Line 1	Telephone Number
SY 25/13, NH-4, SIRA ROAD	091 855 3380772
Address, Line 2	Fax Number
MARALENAHALLI	
City	E-Mail Address
Tumkur	srinivasa.naik@grofreshagro.com
State/Province/Territory	
Karnataka	
Zip Code (Postal Code)	
572106	
Country/Area	
INDIA	
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: Srinivasa naika N

CHECK (DNE BOX
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OA. INDIVIDUAL ASSOCIATED WITH THE INFORMATION I	IN SECTION 10 (STOP HERE, FORM IS O	COMPLETED)
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OB. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

☐Same as Section 10



Individual's Name

Pruthvini A M

Address, Line 1

SY 25/13, NH-4, SIRA ROAD

Address, Line 2

MARALENAHALLI

City

TUMKUR

State/Province/Territory

Karnataka

Zip Code (Postal Code)

572106

Country/Area

INDIA

Telephone Number

091 816 4063795

Fax Number

E-Mail Address

srinivasa.naik@grofreshagro.com