



Date:06/23/2025 1:20:10

Created Date
2025-01-24 07:04:05.0

Created by
tri61186

Registration Expiration Date
2026-12-31

Registration Renewed Date

Last Updated
2025-06-23

Registration Status Reason
US Agent Confirmed Facility Assignment

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: **15532236694** Pin No **7dEbxCci**

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

TRISHULA

Telephone Number

091 98981 99187

Facility Name Suffix

Fax Number

Other

Facility Name Suffix Other

Partnership

Facility Street Address, Line 1

Survey No 36/P2, Chandranagar Khokhar Indral Road, Government Primary School, Savli, Chandranagar,

E-Mail Address

trishulaspoon@gmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

Vadodara

State/Province/Territory

Gujarat



Zip Code (Postal Code)

391520

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

TRISHULA

Telephone Number

091 98981 99187

Address, Line 1

Survey No 36/P2, Chandranagar Khokhar Indral Road, Government

Fax Number

Primary School, Savli, Chandranagar,

Address, Line 2

E-Mail Address

trishulaspoon@gmail.com

City

Vadodara

State/Province/Territory

Gujarat

Zip Code (Postal Code)

391520

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)

Same as Preferred Mailing Address (Section 3)

None of the above

Company Name

TRISHULA

Telephone Number

091 98981 99187

Company Name Suffix

Other

Fax Number

Company Name Suffix Other

Partnership

Address, Line 1

Survey No 36/P2, Chandranagar Khokhar Indral Road, Government

E-Mail Address

trishulaspoon@gmail.com

Primary School, Savli, Chandranagar,

Address, Line 2

City

Vadodara



State/Province/Territory

Gujarat

Zip Code (Postal Code)

391520

Country/Area

INDIA

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

091 98981 99187

Individual's Name (Optional)

E-Mail Address

trishulaspoon@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: **Eatmee**

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)

First Name

Jaydeepkumar

Telephone Number

656 2048481 null

Middle Name (Optional)

Emergency Contact Phone

656 2048481

Last Name

Patel

Fax Number

Title (Optional)

E-Mail Address

Jaydeepmp@gmail.com

Address, Line 1

37740, Westwood cir APT 101

Address, Line 2

Westwood, MI



City
Westland

State/Province/Territory
Michigan

Zip Code (Postal Code)
48185

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 Process or	Low-Acid Food Process or	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)
3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS ⁽¹⁾ [21 CFR 170.3 (n)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: TRISHULA

Address, Line 1

Survey No 36/P2, Chandranagar Khokhar Indral Road, Government

Primary School, Savli, Chandranagar,

Address, Line 2

City

Vadodara

State/Province/Territory

Gujarat

Zip Code (Postal Code)

391520

Country/Area

INDIA

Telephone Number

091 98981 99187

Fax Number

E-Mail Address

trishulaspoon@gmail.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 FORM: Kruvil Patel

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-