

Date:02/27/2025 6:34:58

Created Date	Created by
2025-01-30 04:42:43.0	fit42768
Registration Expiration Date	Registration Renewed Date
2026-12-31	
Last Updated	Registration Status Reason
2025-02-27	Initial registration
Registration Status	
VALID	
Is this facility engaged in the manufacturing/processing, packing, or holding o •Yes ONo	f food for human or animal consumption in the United States?
Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?	
OYes • No	
Section 1: Type of Registration	
Facility Location: Foreign Registration	
UPDATE OF REGISTRATION INFORMATION:	
Registration Number: 17695563052 Pin No G8B94GJb	
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
FITSHIT HEALTH SOLUTIONS PRIVATE LIMITED	091 0 9971016 663
Facility Name Suffix	Fax Number
Manufacturing	
Facility Street Address, Line 1	E-Mail Address
Godown No. 1, 2, & 3 - Ground Floor & Godown No. 101, 102 & 103 - 1st	compliance@thewholetruthfoods.com
Floor, Building No. 1	
Facility Street Address, Line 2	Unique Facility Identifier (UFI)
Dharam Royale Complex, Village Sonale, Bhiwandi Tahashil	
City	
Thane	

421302

Maharashtra

State/Province/Territory

Zip Code (Postal Code)



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

FITSHIT HEALTH SOLUTIONS PRIVATE LIMITED 091 0 9971016 663

Address, Line 1 Fax Number

Godown No. 1, 2, & 3 - Ground Floor & Godown No. 101, 102 & 103 - 1st

Floor, Building No. 1

Address, Line 2 E-Mail Address

Dharam Royale Complex, Village Sonale, Bhiwandi Tahashil compliance@thewholetruthfoods.com

City

Thane

State/Province/Territory

Maharashtra

Zip Code (Postal Code)

421302

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

FITSHIT HEALTH SOLUTIONS PRIVATE LIMITED 091 0 9971016 663

Company Name Suffix Fax Number

Manufacturing

Address, Line 1 E-Mail Address

Godown No. 1, 2, & 3 - Ground Floor & Godown No. 101, 102 & 103 - 1st compliance@thewholetruthfoods.com

Floor, Building No. 1

Address, Line 2

Dharam Royale Complex, Village Sonale, Bhiwandi Tahashil

City

Thane

State/Province/Territory

Maharashtra



Section 5: Facility Emergency Contact	Information		
INDIA			
Country/Area			
421302			
Zip Code (Postal Code)			

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 091 0 9971016	
Individual's Name (Optional)	E-Mail Address compliance@thewholetruthfoods.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?

Oyes

⊙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)

First Name Telephone Number

Ritambhara 203 5438634 0

Middle Name (Optional) Emergency Contact Phone

203 5438634

Last Name Fax Number

Wadhwa

Title (Optional) E-Mail Address

Ms ritambharawadhwa@gmail.com

Address, Line 1

216 n prospect ave, unit B

Address, Line 2

City

Redondo Beach

State/Province/Territory

California



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 End Month Section 9: General Product Categories - Human/Animal/Both Food 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 food facilities. Storage Warehouse Storage Warehouse Storage Warehouse Storage Warehouse Geg., storage (e.g., storage) Food for Interest Contract Labeler / Manufact Packer / Salvage Farm Other Salvage Warehouse Consumption (e.g., storage Warehouse) Food facilities. Will Holding Facility (e.g., storage Warehouse) Food Activity Conducted at the Food Activity Conducted Activity Conducted Storage Warehouse Stora	1													
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 End Month Section 9: General Product Categories - Human/Animal/Both Food 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 100 facilities, Borage Warehouse Storage Warehouse Food Activity Repeated Food Program Warehouse Food Activity Repeated Food English Repeated Food Program Warehouse Food Activity Repeated Food Program Warehouse Food Activity Repeated Food English Repeated Food Program Warehouse Food Activity Repeated Food English Repeated Food Program Warehouse Food Activity Repeated Food English Repeated Food Program Warehouse Food Activity Repeated Food English Repea	Zip Code (Posta	l Code)												
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PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS[21 CFR 170.3 (o) (4)] 8.CHOCOLATE AND COCOA	SELECT BOX 37													
BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS[21 CFR 170.3 (b) (4)] 8.CHOCOLATE AND COCOA	6.CEREAL			1.0			1.0							
FOODS, QUICK COOKING / INSTANT CEREALS(21 CFR 170.3 (n) (4)) 8.CHOCOLATE AND COCOA	PREPARATIONS,													
COOKING / INSTANT CEREALS[21 CFR 170.3 (in) (4)] 8.CHOCOLATE AND COCOA	BREAKFAST													
COOKING / INSTANT CEREALS[21 CFR 170.3 (ii) (4)] 8.CHOCOLATE AND COCOA	FOODS, QUICK		П			П				la Ia	П	П		
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8.CHOCOLATE AND COCOA	INSTANT													
8.CHOCOLATE AND COCOA	CEREALS[21 CFR 170.3		\mathcal{O}_{A}											
COCOA	(n) (4)]													
			4											
	PRODUCTS _{[21} CFR									\square				



To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY,	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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
SELECT BOX 37 11.DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) _{[21} CFR 170.3 (n)									Ø				
12.DIETARY SUPPLE a.Proteins, Amino Acids, Fats and Lipid Substances[21 CFR 170.3(o) (20)]	MENT CATEGORIES	tor or Agent							Ø				

a.Proteins, Amino		40											
Acids, Fats and Lipid Substances[21 CFR									\square				
170.3(o) (20)]													
Section 10: C	Owner, Opera	tor, or Agent	t-in-Charge	Informat	ion								
Provide the follow	wing information,	if different from a	all other section	s on the for	m. If info	ormation is	s the sam	ne as an	other se	ction of th	e form, c	heck whi	ch
section:													
If information is t	he same as Sect	ion 2, check the l	oox:										
OSection 2 - Fa	acility Address Inf	formation											
OSection 3 - Pr	eferred Mailing A	Address Information	on										>
OSection 4 - Pa	arent Company A	ddress Information	on										
OSection 7 - US	S Agent Address	Information											
ONone of the a	bove												
Name of Entity o	r Individual Who	is the Owner, Op	erator, or Ager	ıt-in-Charge	: Apar R	ustagi							
Address, Line 1					Teleph	one Numl	ber						
Godown No. 1,	2, & 3 - Ground	Floor & Godowr	No. 101, 102	& 103 - 1st	091 0	9971016	663						
Floor, Building	No. 1												
Address, Line 2					Fax Nu	umber							
Dharam Royale	Complex, Villag	ge Sonale, Bhiwa	andi Tahashil										
City					E-Mail	Address							
Thane					compl	iance@th	newhole	truthfoo	ds.com	ı			
State/Province/T	erritory												
Maharashtra													



Zip Code (Postal Code)

421302

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.

-N/A-

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Apar Rustagi

CHECK ONE BOX

Oa. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

OB. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name Telephone Number

-N/A- -N/A-

Address, Line 1 Fax Number

Address, Line 2 E-Mail Address

-N/A- -N/A-

City -N/A-

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-