

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
01/09/2025 15:05:11

Created by
gem55274

Created Date
2017-01-11 13:05:24.0

Registration Renewed Date
2024-12-10

Registration Expiration Date
2026-12-31

Last Updated
2024-12-10

Registration Status
VALID

Registration Status Reason
Biennial Registration Renewal - 2024

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 : **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* **10962411120** *Pin No* **cbjdDBh9** [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 Gemini Pharmaceuticals	Telephone Number 001 631 5430861 304
Facility Name Suffix Corporation	Fax Number 001 631 6430871
Facility Street Address, Line 1 55 Adams Ave	E-Mail Address leonard.aska@geminipharm.com
Facility Street Address, Line 2	Unique Facility Identifier (UFI) 081109447
City	

Hauppauge

State/Province/Territory

New York

Zip/Postal Code

11788-3605

Country/Area

UNITED STATES**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

Gemini Pharmaceuticals

Telephone Number

001 631 5430861 304

Address, Line 1

87 Modular Ave

Fax Number

001 631 6430871

Address, Line 2

E-Mail Address

leonard.aska@geminipharm.com

City

Commack

State/Province/Territory

New York

Zip Code (Postal Code)

11725-5718

Country/Area

UNITED STATES**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

Gemini Pharmaceuticals

Telephone Number

001 631 5430861 304

Company Name Suffix

Fax Number

001 631 6430871

Address, Line 1

87 Modular Ave

E-Mail Address

leonard.aska@geminipharm.com

Address, Line 2

City

Commack

State/Province/Territory

New York

Zip Code (Postal Code)

11725

Country/Area

UNITED STATES

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

 Same as Facility Address (Section 2) **None of the above**Individual's Title *(Optional)*

Emergency Contact Phone

001 631 5430861Individual's Name *(Optional)*

E-mail Address

leonard.aska@geminipharm.comIndividual's Middle Name *(Optional)*Individual's Last Name *(Optional)*Job Title *(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)

First Name

-N/A-

Emergency Contact Phone

-N/A-Middle Name *(Optional)***-N/A-**

Fax Number

-N/A-Last Name *(Optional)***-N/A-**

E-Mail Address

-N/A-Title *(Optional)***-N/A-**

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

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
12. DIETARY SUPPLEMENT CATEGORIES	
a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3(o) (20)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Other Activity Conducted (Please Specify);
b. Vitamins and Minerals	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Manufacturer / Processor; Packer / Repacker; Other Activity Conducted (Please Specify);
d. Herbals and Botanicals	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Manufacturer / Processor; Packer / Repacker; Other Activity Conducted (Please Specify);
Other Activity Conducted	
Aqueous film coating of solid dose tablets.	

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 : Mike Finamore, CEO

Address, Line 1
87 Modular Ave

Telephone Number
001 631 5430861 304

Address, Line 2

Fax Number
001 631 6430871

City
Commack

E-Mail Address
leonard.aska@geminipharm.com

State/Province/Territory
New York

Zip Code (Postal Code)
11725

Country/Area
UNITED STATES

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: Leonard Aska

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-